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ABSTRACT

In response to increasing concern about the mental health of young children, the field of play therapy is expanding rapidly. This book explains the principles of Adlerian therapy and offers step-by-step instructions on how to integrate these concepts and techniques into the practice of play therapy. Ideas are presented on how to build an egalitarian relationship with the client and how to teach the child new skills for relating and interacting with others. It provides information on the types of toys necessary for play therapy and how to set limits in the playroom. Additionally, this book offers suggestions for effective consultation with teachers and parents and how to keep them involved in the play therapy process. The chapters are as follows: (1) Introduction to Adlerian Play Therapy; (2) Overview of Adlerian Theory (Individual Psychology); (3) Overview of Play Therapy; (4) Consulting with Parents and Teachers; (5) Building an Egalitarian Relationship with the Child; (6) Encouraging; (7) Setting Limits; (8) Understanding Goals of Discouraged Children; (9) Exploring the Child's Life-Style; (10) Helping the Child Gain Insight; (11) Reorienting/Reeducating. Includes Children's Life-Style Questions for Parents and Life-Style Questions for Children. Five appendices present: (1) an annotated bibliography on Adlerian play therapy; (2) selected references on play therapy; (3) children's life-style questions for parents; (4) life-style questions for children; and (5) an exercise on kinetic drawing. Contains 150 references. (LSR)

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An Adlerian Approach to Play Therapy

Terry Kottman

CG027-515

Partners in Play: An Adlerian Approach to Play Therapy

by

Terry Kottman, PhD

Partners in Play: An Adlerian Approach to Play Therapy

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Dedication

To my dad, Ted Tisdell—
One of the best "players" I have ever known.

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Thanks to:

Bobbie Wilborn—for teaching me much of what I know about Individual Psychology

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About the Author

Terry Kottman, PhD, is currently an associate professor of counselor education in the Department of Educational Administration, Counseling, and Postsecondary Education at the University of Northern Iowa. She has a small private practice, specializing in counseling children and families. Dr. Kottman earned a BA in English and American Studies from Grinnell College, an MAT in elementary teaching from Colorado College, an MS in special education from the University of Texas at Dallas, and a PhD in counselor education from the University of North Texas. She is a Nationally Certified Counselor, a Registered Play Therapist-Supervisor, and a Licensed Mental Health Counselor. She is a member of the American Counseling Association, the Association for Play Therapy, the North American Society of Adlerian Psychology, and the American School Counselor Association. Dr. Kottman developed Adlerian play therapy, an approach to working with children that combines the concepts and strategies of Individual Psychology with play therapy techniques. She has written numerous book chapters and articles, and she conducts workshops on Adlerian play therapy, activity therapy, and other topics related to counseling children and their families. Dr. Kottman recently co-edited *Play Therapy in Action: A Casebook for Practitioners* with Charles Schaefer and co-authored *Guidance and Counseling in the Elementary and Middle School: A Practical Approach* with Jim Muro.

PREFACE

I have spent much time and energy over the last decade developing a method for integrating Adlerian concepts and techniques into the practice of play therapy. This strategy, called Adlerian play therapy, is designed to assist mental health professionals* in working with children who are experiencing emotional, behavioral, and/or academic problems. It is a process in which the counselor (a) builds an egalitarian relationship with the child; (b) explores the child's life-style; (c) helps the child gain insight and make new decisions about self, the world, and others; (d) teaches the child new skills for relating to others; (e) helps the child practice new skills for interacting with others; and (f) consults with parents and teachers.

Recently there has been an increase in concern about the mental health of young children. In response to this growing problem, the field of play therapy is expanding rapidly. The Association for Play Therapy has grown from a tiny group to an organization with approximately 2,000 members. The association has established criteria for registration of play therapists and play therapy supervisors. Many counselors across North America have expressed a desire to become registered as play therapists.

This increased interest in the field of play therapy was one of the primary reasons why I wrote this book. I believe that practicing counselors and counselors-in-training need practical application-oriented literature in this area. I also believe that *Partners in Play: An Adlerian Approach to Play Therapy* can acquaint counse-

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* By *mental health professionals*, I mean mental health counselors, school counselors, social workers, psychologists, psychiatrists, and any other professionals who work therapeutically with children. Throughout this book, I use the words *counselors* and *play therapists* interchangeably to represent mental health professionals.

lors-in-training and practitioners in the field with a valuable tool for working with troubled children.

I have conducted numerous workshops on Adlerian play therapy on the state, national, and international levels. My workshops have attracted many different professionals who work with children—school counselors, mental health counselors, social workers, psychologists, teachers, and child psychiatrists. There has been a great deal of interest in the topic, and many participants have expressed a strong interest in a book that would expand on the information provided in my workshops. I have written several journal articles and book chapters (see appendix A for an annotated list) on the topic and have received requests for reprints and additional information about Adlerian play therapy from professionals all over the world. This volume takes the information from my workshops and writing, expands upon the ideas, and provides concrete examples to illustrate ways for counselors who work in agencies, private practices, and schools to apply the concepts and strategies with children in their particular settings.

In chapter 1, Introduction to Adlerian Play Therapy, I explain the impetus for the development of Adlerian play therapy through the story of my relationship with my first play therapy client. Chapter 2, Overview of Adlerian Theory (Individual Psychology), contains a discussion of various concepts essential to the understanding of Individual Psychology, including social embeddedness and social interest, purposiveness of behavior, self-determinism, life-style, private logic, inferiority feelings, and mistaken beliefs. It provides a description of the four stages of Adlerian therapy and the way these phases are operationalized in Adlerian play therapy.

Chapter 3, Overview of Play Therapy, provides a rationale for the use of play and toys in counseling children. It contains information on the types of toys necessary for Adlerian play therapy and the types of clients appropriate for play therapy. The chapter also includes a discussion of how to design a play therapy space.

In chapter 4, Consulting With Parents and Teachers, there is an explanation of the importance of including parents as active participants in the Adlerian play therapy process and a discussion of techniques for involving parents and keeping them involved. Parent consultation usually covers two major factors: parenting skills and parental issues that are interfering in the relationship between the parent(s) and the child. This chapter contains strategies for helping parents with factors that are preventing the

parent(s) from providing consistent structure, support, and encouragement for the child. It also includes strategies for consulting with teachers as an adjunct to the play therapy process.

Adlerian therapy depends on an equal relationship between the therapist and the client. Chapter 5, Building an Egalitarian Relationship With the Child, presents ideas on how to build an egalitarian relationship with the child in play therapy. It contains a discussion about how the play therapist can (a) use tracking, restatement of content, and reflection of feelings to help the child feel comfortable in the play room; (b) use questioning and answering strategies in the play room; (c) actively interact with the child, using role-playing techniques and other interactional tools. The last section is an explanation of how cleaning the room together can strengthen the relationship between the Adlerian play therapist and the child.

Encouragment is an essential element in Adlerian play therapy. From chapter 6, Encouraging, the play therapist can learn how to use encouragement to build the relationship with the child and to help cement changes the child has made in his or her behavior and attitudes.

Chapter 7, Setting Limits, provides Adlerian techniques for setting limits, an explanation of appropriate limits, and methods for helping the child learn to generate alternative, appropriate behaviors.

Adlerians believe that discouraged children are striving toward goals of attention, power, revenge, and/or proving their own inadequacy. Chapter 8, Understanding Goals of Discouraged Children, contains a description of the behaviors and feelings of children who fit into each of these categories and suggestions for how Adlerian play therapists can tailor their approaches in the play session to help them.

Adlerians view life-style as the individual's characteristic way of understanding situations and interacting with others. As the play therapist explores the child's life-style, he or she begins to understand how the child views self, the world, and others. Chapter 9, Exploring the Child's Life-Style, contains various strategies the play therapist can use to investigate the child's life-style, including exploring the atmosphere and birth order in the child's family, and early recollections. This chapter includes suggestions for integrating the information gathered during this stage of the play therapy to formulate hypotheses about the child's life-style. A case example illustrates a practical application of this phase of Adlerian play therapy.

Adler believed that when clients gain true insight into their life-styles, this insight motivates them to change their behaviors. The third stage of Adlerian play therapy uses various strategies to help children gain insight into their life-styles and behavior. Chapter 10, Helping the Child Gain Insight, details ways to use metacommunication, interpretation of play and verbalizations, mutual storytelling and other metaphoric techniques, drawing and art, immediacy, confrontation, and humor to help children begin to understand how they view self, the world, and others and how these perceptions affect their behavior. In order to help children generalize their learning, the Adlerian play therapist points out connections between what happens in the play session and what happens in other places. A continuation of the case example from chapter 9 illustrates a practical application of this phase of Adlerian play therapy.

The purpose of the last stage of Adlerian therapy, described in chapter 11, Reorienting and Reeducating, is to help the client learn new ways of viewing self, the world, and others; new ways of behaving in various situations; and new ways of interacting with other people. In this stage, the Adlerian play therapist uses brainstorming and problem-solving strategies to help the child generate alternative perspectives and behaviors. The play therapist may also actively teach skills that the child does not possess, such as social skills, negotiation skills, and ways of sharing power. The play room becomes a laboratory in which the child can practice these new perceptions and skills in a safe, nonthreatening environment. This chapter also contains information about terminating the play therapy. A continuation of the case example from chapters 9 and 10 illustrates a practical application of this phase of Adlerian play therapy.

CHAPTER 1

INTRODUCTION TO ADLERIAN PLAY THERAPY

When I was taking my doctoral practicum class, clients were sparse. One day, the professor asked, "Who in this class has taken a course in play therapy?" We all stared dejectedly at him. None of us had taken a class in play therapy. Next he asked, "Who has taken a class in counseling children?" Still no reply. Finally, looking a little desperate, he asked, "Who has experience working with kids? Aren't any of you school teachers?"

I raised my hand, rather timidly, having realized that I really didn't have the kind of background he wanted me to have. I said, "I used to teach elementary school. Now I counsel in a high school. I have some background in working with young children, but not counseling them."

"It will have to do. We need this client. We just don't have enough to go around this semester. I'll have a doctoral student who has a lot of experience and training in play therapy supervise you by watching every session. It will be like on-the-job training. You'll do fine."

With that comment, I started on a learning process that I hope will never end. I began to learn about using toys and play to communicate with children.

This particular client, Claire, was a child who lived in a foster family. Her birth parents had decided the previous year that they no longer wanted the responsibility of caring for a child. They had dropped their 7-year-old daughter off at the local shopping

center and left town. Child Protective Services had placed the little girl with a foster family.

Claire was dealing with her abandonment and her grief and hurt by being aggressive toward the other children in the family. During the years she had lived with her birth parents, Claire had not experienced a great deal of structure and supervision. She had pretty much gotten to do whatever she wanted to do. Now that she was living in the foster home, she was having difficulty adjusting to having structure and rules. She was verbally abusive to her foster parents and blatantly violated all of the family rules.

Although Claire's foster parents wanted her to participate in some form of counseling, they did not have the time or the resources to get her to the clinic. Part of my responsibility in having Claire as a client was to pick her up at her day care center and drop her off after we were finished.

Quite truthfully, when I read the intake form on Claire and her life, I was terrified. This reaction was not necessarily rational. I had taught emotionally disturbed children with problems much worse than those described on the intake form. However, teaching them and being their counselor seemed worlds apart, and I was afraid that I would not be able to help Claire. Even worse than that, I was afraid that my lack of training, my not knowing how to do play therapy, might even hurt her.

I stayed up late nights and spent the entire weekend reading books on play therapy. I borrowed notes on play therapy classes and memorized them. I spent several hours on the telephone talking to the doctoral student who was going to supervise me. I observed experienced students at the counseling center doing play therapy with children. Almost all of the information I gathered was about nondirective play therapy, an intervention approach in which the counselor focuses on reflecting what the child is saying, doing, and feeling in the belief that "when a child's feelings are expressed, identified, and accepted, the child can accept them and then is free to deal with these feelings" (Landreth, 1991, p. 32). At that time (1984), there was not much else written in the field, and most of the students I observed were doing nondirective play therapy. By the time I drove over to the day care center to get Claire, I was a walking (driving) encyclopedia on nondirective play therapy.

However, I was a little concerned about two things: my personality and my theoretical orientation. From what I had seen in my observations and from what I knew about nondirective therapy, I was not sure that my personality and the way I usually interacted with people—especially children—was consistent with this

approach. I tend to be rather bouncy and loud. My interpersonal style and my counseling style tend to be directive and active rather than nondirective.

Most nondirective play therapy methods stem from either person-centered theory (Axline, 1969; Rogers, 1961, 1980) or existential theory (Moustakas, 1953, 1959). Person-centered theory is based on the belief that people will naturally move toward self-actualization if the counselor provides them with empathic understanding and unconditional positive regard within the context of a genuine relationship. Existential theory is based on the belief that clients will learn more about themselves and their struggles from being heard by an empathic counselor. Person-centered and existential therapists believe that clients can solve their own problems if they experience this type of intense and supportive personal relationship with a therapist.

I did not use person-centered theory or existential theory with my adult and adolescent clients because I do not believe this. I believe that the relationship with clients is important in the change process, but I also believe that additional intervention strategies are necessary to bring about change. I think that clients need active help from the counselor in learning new ways of viewing themselves, others, and the world and new ways of behaving based on those altered perspectives. This way of thinking about people and the way they grow and change is much closer to the constructs presented in Alfred Adler's Individual Psychology (Adler, 1931, 1958; Ansbacher & Ansbacher, 1956; Manaster & Corsini, 1982) than those of Rogers, Axline, or Moustakas.

However, at that time I could only find one article related to play and Individual Psychology (Yura & Galassi, 1974). This article, "Adlerian Usage of Children's Play," was useful because it suggested that there could be a way to integrate play therapy and the ideas of Individual Psychology. I was frustrated that it did not go into very much detail. Because the resources on doing play therapy from an Adlerian perspective were so limited, I decided to go with what was available to me and see what happened.

When I got to the day care center to get Claire, she was standing with the director of the center. I had anticipated that she might be hostile and unwilling to go with me. Contrary to my prediction, Claire was jumping up and down with anticipation. She was feeling very special. She was the only one in the day care center who got to leave like this, in the middle of the afternoon. She was very excited about getting to go on an adventure to the university. Claire and I had a nice chat in the car on the way to the center,

getting to know one another and being a little silly. She told me some about her "real" family and her foster family—who she liked best in each and what she liked to do with them. I think I was more nervous than Claire. We were both going on an adventure, but she was more confident that it would be fun than I was.

When we got to the clinic, I took her on a little tour so that she could get used to the facility. We continued to talk and laugh together. Then I took her into the play room, and I said, "This is our play room, and you can do many of the things you want to in here." I sat in the chair and watched her explore the play room. I tracked her behavior and restated the content of the statements she made to me. Whenever I noticed her expressing a feeling, whether it was verbally or nonverbally, I reflected that feeling to her. When Claire asked me to play with her, I told her that I could tell she wanted me to play with her, but this was her time to play by herself. When the time was up, we walked down the hall and back to my car, laughing and talking about the cat who was stalking some birds in the parking lot. I dropped Claire off at the day care center and drove back in time to see my other client.

We repeated this routine for 4 or 5 weeks. I went and picked her up, and we had a great conversation and interaction on the ride to the clinic and the walk to the play room. Once we got into the play room, I sat in my chair, observed her play, and made comments about what she was doing, saying, and feeling. Every once in a while, she did something that I had to limit—like pouring glue on the floor. Then we left things the way they were in the play room, walked back to the car, and drove back to the day care center, talking and laughing and having a great time.

The feedback from my supervisor was positive. I was doing a good job at following the eight rules of nondirective, person-centered play therapy (Axline, 1969):

1. I was developing a warm, friendly relationship with the child, in which I had established good rapport as soon as possible.
2. I was accepting of the child—exactly as she was.
3. I was trying to establish an atmosphere of permissiveness in the relationship, so that the child would felt free to express her emotions completely.
4. I was aware of the child's feelings, and I was reflecting those feelings back to her.
5. I was trying to convey belief in the child's ability to solve her own problems, given the opportunity to do so. I was assuming that if she wanted to change, she would do so.

6. I was not directing the child's actions or conversation in any way. She was leading, and I was following at all times in the play room.
7. I was not trying to hurry the process. I was very patient and slow moving.
8. I established very few limits, just those that helped the child stay aware that she had certain responsibilities not to damage herself, me, or the property in our sessions.

My professor was satisfied, my supervisor was satisfied, but I was rather uneasy. I felt uncomfortable and stilted in the play room, as though I was trying to play a part. I felt that our rapport was better outside the play room than it was in the play room. In the play room, I felt tense—trying to always say the right thing, the right way—and bored. I was watching her and staying with her, understanding the thoughts and feelings she expressed, but she never allowed herself to show very many of her thoughts and feelings.

Some of the eight tenets of nondirective play therapy bothered me as well. Although I had no problem accepting Claire, reflecting her feelings, or limiting her behavior, I was aware that I was not sure that she could solve all of her problems by herself. I believe that most people do the best they can in their lives, given what they know at the time. Sometimes they need to know more: they may need a different perspective on themselves, others, or the world; they may need to learn new information or new skills in order to be able to make changes in their lives.

Based on these beliefs, I was not particularly comfortable with the person-centered contention that if the therapist can provide the three core conditions of empathy, genuineness, and warmth, the client will move naturally toward self-actualization. I was also not always comfortable with letting Claire lead the way. She avoided revealing any thoughts or feelings about her family, her abandonment, or her present situation in both her play and her conversation. She seemed to want to pretend that none of the sad or scary things in her life had ever happened. She liked to pretend that she was a fairy princess who could control all those around her with her magic wand. Even though her foster parents reported that her behavior was still out of control at home, she acted in the play room as though everything in her very chaotic life was perfectly under control. Although I realized that the play therapy process was gradual, I had a certain sense of urgency. If Claire's behavior did not improve, this foster family was also going to aban-

don her, and then she would face another rejection and upheaval in her life. I was not sure how to get to all of these problems simply following Claire's lead.

One day, on a drive back to the day care center, all of my doubts crystallized when Claire said, "Terry, why do you act like a funny, neat person on the way to the play room and on the way back to day care, but you act kind of sad in the play room? You don't smile very much, or laugh, or ask any questions. All you do is sit there and tell me what I am doing and saying. It's like you're not a real person in the play room." I realized at that moment exactly what the problem was. I was not a real person in the play room. I was what I thought a nondirective play therapist was, and that was not the real me. I was leaving my personality and my beliefs about people, my most valuable tools for helping people, outside the door of the play room. I decided then and there to figure out a way to use both my personality and my beliefs about people in the play room.

Because I already knew my personality and the way I viewed people fit with Adlerian theory when I was working with adults, I started researching Adlerian views about children. The majority of Adlerians work with children in the context of the family or schools, in the form of family therapy, parenting information for parents, or classroom management programs for teachers (Christensen, 1993; Dinkmeyer, Dinkmeyer, & Sperry, 1987; Dreikurs & Grey, 1970; Dreikurs, Grunwald, & Pepper, 1982). There were books, chapters, and articles on working directly with children, but none of the authors discussed in detail how to use play therapy from an Adlerian perspective (Adler, 1930/1963; Bordon, 1982; Dinkmeyer & Dinkmeyer, 1977, 1983; Lord, 1982; Nystul, 1980; Yura & Galassi, 1974).

I began to try out ways of bringing my personality and my beliefs about the nature of people into the play room with Claire and with my subsequent play therapy clients. I took courses and workshops from professionals who were experienced in different approaches to play therapy. I also received extensive supervision in my counseling with children and their parents. Over the years, I have continued to experiment with ways of integrating the practice of play therapy and the concepts and strategies of Individual Psychology.

In this book, I have tried to distill what I have learned in my relationships with my clients and their parents, and from other play therapists, my students and supervisees, and their clients. Adlerian play therapy is not a finished approach; it is still evolv-

ing. I hope that reading this book helps you to be more real with your clients and that you take the ideas that make sense to you and use them to better understand and help the children with whom you work. It is essential to get training and supervision from experienced professionals, whether you are developing skills in a new area of counseling or perfecting the skills that you have already. Consultation with other therapists can help us continue to grow, both personally and professionally.

CHAPTER 2

INTRODUCTION TO ADLERIAN THEORY (INDIVIDUAL PSYCHOLOGY)

The psychological theory developed by Alfred Adler in the early part of the 20th century, Individual Psychology, is the foundation upon which Adlerian play therapy rests. The theory provides an explanation of how people form their personalities, how they interact with others, how they are motivated, and how they become maladjusted. Adlerian theory also contains a general definition of the goals of therapy and the role of the therapist.

As the reader explores the ideas in this chapter, he or she should examine his or her own beliefs about the nature of people, the goals of therapy, and the role of the therapist. I believe that a counselor should not practice Adlerian play therapy unless his or her basic beliefs about people and the job of the therapist are congruent with the basic tenets of Individual Psychology. These philosophical beliefs do not have to match perfectly at all points: that is unrealistic. However, most of the counselor's convictions about personality formation, motivation, and the counseling relationship should resemble those presented in this chapter. If these concepts are not congruent with the views of the counselor, he or she will probably want to seek out other books on different theoretical approaches to play therapy. (See appendix B for possible options.)

Nature of People

"The assumption underlying Adlerian counseling theory is that people are indivisible, social, decision-making beings whose actions and psychological movement have purpose. Each person is seen as an individual within a social setting, with the capacity to decide and to choose" (Dinkmeyer, Dinkmeyer, & Sperry, 1987, p. 9). According to Adler, people are (a) socially embedded, (b) goal directed, (c) subjective, and (d) creative beings who must be viewed from a holistic perspective (Ansbacher & Ansbacher, 1956).

People Are Socially Embedded

Adlerians believe that all human beings have a need to belong (Ansbacher & Ansbacher, 1956; Dinkmeyer, Dinkmeyer, & Sperry, 1987). In order to establish and maintain a sense of belonging, children observe the world to determine a way for themselves to gain significance and fit into different groups. The first group children belong to is their families. As they grow older, children watch to see how the other members of their families react to different behaviors and attitudes. They note which of their behaviors gain attention and which do not, which gain a sense of belonging and which do not.

If a child can not establish himself or herself as belonging to the family in a positive, useful way, he or she will determine a way to fit into the family in a negative, useless way. Eventually, this way of establishing his or her belonging becomes his or her life-style: the way the child views himself or herself, the world, and others and the repetoire of behaviors based on these views. As the child grows and matures, he or she will act out his or her life-style in various social contexts: the neighborhood, school, work, dating, marriage.

Because of social embeddedness, the Adlerian play therapist considers the child and the child's behaviors in the context of other human beings. Because the child's first social context is the family, the play therapist looks at the child's relationship with her or his parents and other family members to see how the child gains significance and a sense of belonging in the family. Later social contexts are the neighborhood, the day care center, and the school.

In most families, by the time the child is 6 or 7, the entire family has a fixed idea of who the child is and how the child behaves. These expectations—by both family members and the child himself or herself—constitute a psychological "box" in which the

child lives. This box can define who the child is and what the child does, becoming boundaries of the child's life-style. The box can be positive or negative, but in either case, it is usually confining to the child.

Examples of different kinds of boxes for a child:

- *The smart child*—must always act and sound intelligent. Whenever he or she does something childish or silly, he or she feels badly and may be punished. He or she must get perfect scores on school work and score well on standardized tests.
- *The lazy child*—never does anything. When he or she does do something, her or his motives are suspect. No one expects any achievement from this child.
- *The good child*—must always behave perfectly. He or she is not allowed to make any kind of mistake, be messy, or whine. If he or she is ever less than perfect, he or she is either severely punished or everyone totally ignores his or her transgression, as if it did not happen.
- *The bad child*—must always behave abominably. She or he is not allowed to do anything well, be thoughtful or well-behaved. Even when she or he does do something nice, she or he seldom gets credit for a positive thought or behavior.
- *The phobic child*—must always be afraid. The family's life may revolve around protecting the child from the feared object(s). His or her primary method of getting attention and feeling powerful is his or her fear. When family members interact with him or her, it is usually to reassure him or her or to tell him or her not to be afraid.

I am extremely reluctant to see a child in play therapy without conjoint parent consultation because of my belief that the child is socially embedded. I must understand how the child and the family has constructed the box (the life-style) before I can help them make long-lasting changes. It is essential for the child to make changes in the way he or she sees himself, others, and the world, and for the members of the family to be willing to make changes in the way they view and respond to the child.

In order to get my own impression of how the child establishes significance in the family and how others in the family react to him or her, I quite frequently ask the entire family to come to a session or two, so I can observe relationships and interactional patterns in the family. Through the questions I ask the

parent(s) during parent consultation, I try to understand how the child belongs within the contexts of the neighborhood and school. I may also go to the child's school or day care center and observe his or her interactions with peers and teachers. I use all of the information that I gather this way to help me understand the child.

People are social beings, born with the innate capacity to develop *social interest*, a sense of connectedness with other human beings (Dinkmeyer, Dinkmeyer, & Sperry, 1987; Manaster & Corsini, 1982; Sweeney, 1989). Social interest is

> the individual's awareness of belonging to the human community and the extent of his or her sense of being a fellow being. Social interest...can be thought of as an index to successful adaptation: The more developed the social interest, the more diminished the individual's feelings of inferiority, alienation, and isolation. (Griffith & Powers, 1984, p. 7)

This innate capacity must be fostered and developed, first by the family and then by other social forces, in order to flourish. In order to reach optimal social interest, children must form an attachment with their primary caretaker, who then helps them expand this connection—first to siblings, then to neighborhood children, classmates, teachers, and other people that they encounter. If given the proper encouragement and stimulation, children eventually generalize their feelings of social interest to the entire human race, to the planet and the other inhabitants of the planet.

Most children who come to play therapy seem to have poorly developed social interest. I see one of my primary responsibilities to children and their families as the enhancement of social interest. I use my own connection to children to encourage attachment to other people. I make sure that children know I find a great deal of joy in their company. I treat them with respect and expect them to be respectful to me. If children need nurturing, I am willing to act out nurturing scenarios in the play room. We can feed one another, feed the dolls, rock in the rocking chair, and perform other loving behaviors. Before I dismiss children from therapy, I usually bring in a second child, either a sibling, one of my other clients, or a friend of the child's, so that I can promote expansion of children's connection to other people.

During my parent consultation, I work with the parent(s) on learning to encourage their child and increasing the attachment between them and the child. I may also teach the parent(s) spe-

cific techniques for teaching the child to generalize a sense of social interest. This includes encouraging the child to share and take turns, to be charitable and volunteer to help less fortunate people, to be concerned about the environment and other species of creatures.

People Are Goal Directed

Another important Adlerian concept is the idea that all human behavior is purposive and goal directed (Dinkmeyer, Dinkmeyer, & Sperry, 1987; Manaster & Corsini, 1982). Adler believed that people are not motivated by instincts or formed only by experience, heredity, or environment (Sweeney, 1989). Although each of these factors has a certain amount of influence in the formation of personality and in determining behavior, the primary motivating force in human life is the movement toward various life goals. People choose their behaviors in order to move toward their goals. These goals may be out of their awareness, but they are still always moving toward them.

In Adlerian theory, understanding a person's goals is the key to understanding the person.

> If we know the goal of a person, we can undertake to explain and to understand what the psychological phenomena want to tell us, why they were created, what a person has made of his [or her] innate material, why he [or she] has made it just so and not differently, how his [or her] character traits, his [or her] feelings and emotions, his [or her] logic, his morals, and his [or her] aesthetics must be constituted in order that he [or she] may arrive at his [or her] goal. (Ansbacher & Ansbacher, 1956, p. 196)

The Adlerian therapist always looks at the client's behavior to explore the goal of that behavior. When the therapist and the client can understand the purpose of the behavior, they have a way to help the client decide if he or she wants to continue to strive toward that goal and if he or she wants to retain that particular behavior in his or her repertoire of behavioral choices.

Although there are many different goals for people's behavior, Rudolf Dreikurs classified the goals of discouraged children's misbehavior into four basic categories: attention, power, revenge, and proving inadequacy (Dreikurs & Soltz, 1964). In trying to determine which goal the child is striving toward, the therapist ex-

amines several factors: (a) the child's behaviors, (b) other people's reactions to the child's behaviors, and (c) the child's reaction to correction (Dinkmeyer & McKay, 1989; Dreikurs & Soltz, 1964). (See chapter 8 for more information about these goals.)

Dinkmeyer and McKay (1989) posited four additional goals that result in positive behavior. The first is the goal of attention, involvement, and contribution. These children help others, acting out the belief that they can belong by contributing. Children striving for the second goal, autonomy and self-responsibility, believe that they can make responsible decisions and have age-appropriate power. These children are resourceful, exhibit self-discipline and self-control, and take care of themselves. Children whose purpose is the goal of justice and fairness have usually experienced these values in their interactions with others. They are interested in cooperating and believe in turning the other cheek. In response to cruelty or hurt, these children return kindness and caring. The fourth goal is avoiding conflict and acceptance of other people's opinions. These children believe that there are more appropriate ways of solving disagreement than to argue or fight. They ignore provocations, withdraw from power struggles, and resist peer pressure, exhibiting mature decision-making skills.

Most of the children who come to play therapy are striving toward goals of misbehavior rather than goals of positive behavior. The Adlerian play therapist must be able to recognize both types of goals because the ultimate goal of therapy is to help children move toward this second set of goals. Whenever the therapist notices children in the play room motivated by the more socially appropriate goals, he or she can encourage this behavior. The therapist can also use children's gradual letting go of striving to attain the negative goals and moving toward the positive goals as one barometer of increased happiness and stability.

People View Life Subjectively

Adlerian theory is based on a phenomenological perspective. Adlerians believe that people make decisions based on their subjective interpretation of facts rather than on actual facts (Ansbacher & Ansbacher, 1956). People filter reality through the already formed perceptions and conviction in their life-styles:

> We learn by acquiring new information through our sense organs, perceiving it and storing it in the brain. We then perceive new information and match it against that already stored. In the process we acquire attitudes

> toward events and situations which color our view of new information so that we may accept it in whole or in part, reject it, or alter it. The individual's biased mode of apperception is always present, and always unique to his [or her] life-style. (Beames, 1992, p. 20)

Young children are excellent at observing, but they frequently make inaccurate interpretations of events and interactions (Dinkmeyer, Dinkmeyer, & Sperry, 1987). An example of an inaccurate interpretation is Douglas, a 7-year-old who believes that his own misbehavior is the cause of his father's drug abuse. As children form their life-styles, they may incorporate some of these faulty interpretations into their basic convictions about themselves, others, and the world and the behavior that is required of them (Griffith & Powers, 1984). Based on these mistaken beliefs, people develop a private logic that frequently remains out of their awareness, but which is the foundation for their reasoning and for many of their assumptions, decisions, attitudes, and behaviors. As Douglas grows up, he might generalize from his belief that he is responsible for his father's drug abuse to the idea that he is to blame every time something goes wrong in one of his relationships. Based on this private logic, he may decide to avoid friendships and other relationships.

Because there is always a discrepancy between the self-perception and the self-ideal, all people experience feelings of inferiority (Ansbacher & Ansbacher, 1956; Mosak, 1979). There are two types of possible responses to feelings of inferiority: discouragement or inspiration. Those who choose to be discouraged by their feelings of inferiority may feel overwhelmed and worthless. In response to these feelings, some individuals just give up and stop trying to act in a constructive manner, and some overcompensate and develop a superiority complex. Those who develop a superiority complex seek to counter their own feelings of inferiority by proving that they are better than others.

People who choose to be inspired by their feelings of inferiority use the discrepancy between what they want to be and what they perceive they are as a challenge. They work to overcome their feelings of self-doubt by trying to move toward their self-ideals. They do not allow themselves to feel overwhelmed by feelings of inferiority but rather use these feelings as a barometer to help them learn more about themselves and what they want to change about themselves, their relationships, and other aspects of their lives.

In Adlerian play therapy, the counselor must always be aware of the subjective interpretation of various situations. As the coun-

selor gathers information from the parent(s), the child, and the teacher, each person has a different view of relationships and situations. Sifting through the various perspectives, the counselor must remember that there is no right interpretation of reality. Because the child is the primary client, the counselor must give extra thought to his or her viewpoint. It is essential to try to understand how he or she is interpreting the events and interactions that he or she observes. This way the counselor may be able to recognize times when the child is using private logic and incorporating potentially negative or harmful basic convictions into his or her life-style.

Presentation is a key in trying to prevent the child from including faulty assumptions or negative interpretations in her or his life-style. Because adults are frequently guilty of telling children how they should interpret situations and what they should think about relationships and ideas, the Adlerian play therapist must offer alternative interpretations tentatively. If the therapist sees something differently than the child does, it is sometimes helpful to offer another way of looking at things—not as a better interpretation but as a possible alternative, a different interpretation. The therapist must be careful in both verbal and nonverbal presentation to avoid conveying that the child should see things differently.

The Adlerian play therapist must stay constantly alert to indications that children are feeling overwhelmed by their feelings of inferiority and becoming discouraged. Some children act out a sense of discouragement by simply refusing to participate in life. They may act depressed, suicidal, withdrawn, underachieving, mentally retarded, or any other form of shutting down. Other children act out a sense of discouragement by overcompensating for their feelings of inadequacy. They may bully others, brag, denigrate others, or otherwise artificially elevate themselves over other people.

One of the best intervention strategies with children who are having difficulty coping with their inferiority feelings is encouragement. (See chapter 6 for ways to use encouragement in the play room.) It is also important to teach the parents, teachers, and other adults who come into contact with these children how to encourage them and help them learn to use feelings of inferiority as a challenge rather than a defeat.

People Are Creative

> Individual Psychology is deeply conscious of and rejoices in the uniqueness of each individual member of the human race. This uniqueness is seen to be the expres-

> sion of a fundamental, mysterious creativity that is innate in each person. It is this creative element that takes the givens of life (heredity, environment) and interprets them, modifies them, expresses them in purely subjective and surprisingly unpredictable personal ways. (Beames, 1992, p. 34)

In Individual Psychology, the focus is on the special and wonderful qualities of each individual. As part of the quest to celebrate the creativity and uniqueness of each person, Adlerian counselors help their clients explore their assets, their life-styles, their goals, and their behaviors. The counselor takes a holistic view of life, examining clients' uniqueness across the five tasks of life: work, friends, love (Adler, 1931/1958), finding meaning in life, and coming to terms with oneself (Mosak, 1977).

Adlerians believe that each individual human being expresses this creative ability by making choices. Self-determination is a key tenet in Individual Psychology because it allows people to chose their own interpretation of situations and relationships and to act as if those interpretations were true.

> Man [or woman], as chooser, can shape both his [or her] internal and external environment. Although he [or she] is not complete master of his [or her] fate and cannot always choose what will happen to him [or her], he [or she] can always choose the posture he [or she] will adopt toward life's stimuli. (Mosak, 1979, p. 49)

This also means that human beings are free to make new decisions and interpretations, different from the ones they have made previously. The ability to make choices allows individuals to exercise their creativity and uniqueness constantly throughout their life spans.

One of the primary responsibilities of the Adlerian play therapist is to discover how each child expresses his or her special and wonderful self and to convey a sense of celebration in his or her uniqueness to the child, the parent(s), and the other people who interact with him or her. Sometimes the child expresses uniqueness in a way that others do not appreciate; for example, a child may offend others by cursing and using socially inappropriate language. As the counselor gets to know the child, he or she may decide that one asset of this particular child is a creative use of language. It becomes the counselor's job to help the child realize

that the child can use his or her unique command of language in more constructive, useful ways.

Four Phases of Adlerian Therapy

There are four phases of the therapy process in Individual Psychology. They are (a) building a relationship, (b) exploring the client's life-style, (c) helping the client gain insight into his or her life-style, and (d) reorienting and reeducating the client.

In Adlerian play therapy, the counselor uses tracking, restatement of content, reflection of feelings, questioning strategies, active interaction with the child, cleaning the room in a collaborative manner, encouragement, and limit setting to build an egalitarian relationship with the child. Simultaneously, the counselor uses many of these same strategies in building a relationship with the child's parent(s) during parent consultations.

In order to investigate the child's life-style, the play therapist uses observation of play and other interactions, questioning techniques, and art therapy strategies to gather information from both the child and the parent(s) about the goals of the child's behavior, the family constellation, family atmosphere, and early recollections. The counselor organizes this information into a conceptualization of the child to be shared with the child and the parents during the third phase of therapy: helping the child and his or her parent(s) gain insight into the child's life-style.

The counselor uses tentative hypotheses, interpretation, metaphors, art techniques, confrontation, immediacy, and humor to help the child examine his or her attitudes, perceptions, feelings, thoughts, and actions to decide which of these he or she wants to change and which he or she wants to continue. In parent consultation, the counselor helps the parent(s) increase their understanding of the child and his or her motivation and make decisions about parenting strategies to support the changes the child is making.

In the reorientation/reeducation phase, the counselor helps the child and the parent(s) operationalize these decisions in play therapy sessions, in the family, and in other settings. The play therapist uses brainstorming, problem solving, and teaching to convey various interactional skills to the child and parenting skills to her or his parent(s). Practicing the newly acquired knowledge and skills in sessions helps the child and the parent(s) consolidate what they have learned before they practice them in other situations, coming back to the play therapist for encouragement and learning to encourage one another.

These phases are not discrete. The counselor continues to build the relationship throughout the process. The counselor may choose to combine techniques to help the client gain insight into his or her private logic or faulty assumptions during the information-gathering process or to teach some new skills (reorientation/reeducation) as the client gains insight. In many circumstances, in school, private practice, or agency settings, for example, the counselor may feel pressure to hurry the process and go directly to the reorientation/reeducation phase. It is essential to resist this temptation and go through all four phases without skipping any.

In my experience with children and their families, skipping phases simply does not make for an effective, lasting intervention. It is just putting a band-aid on the problem. If I do not take the time to build a relationship with the client or to understand the dynamics of the problem, there is little motivation on the client's part and little therapeutic leverage on my part. If I only establish rapport and explore the problem, the client may not convert the insight gained in the process into behavior or attitude change.

Summary

According to Adlerian theory, people are socially embedded, goal directed, and creative. They view themselves, others, and the world from a subjective perspective. Because they conceptualize the child based on this view of the nature of people, Adlerian play therapists must consider the impact of family and community on the child's personality and interactional patterns. They must also understand the purposes of the child's behaviors and the individual and unique ways the child gains a sense of belonging and significance. Through the four phases of therapy, Adlerian play therapists build rapport with the child and his or her parents, explore the child's life-style, help the child to gain insight into his or her life-style, and teach the child new ways of interacting with others, based on his or her altered view of self, others, and the world.

The ultimate goal in Adlerian play therapy is for the therapist to use the relationship with children to help them enhance their understanding of themselves and their motivation and use that insight to make far-reaching, permanent changes in their attitudes, thoughts, feelings, and actions.

CHAPTER 3

OVERVIEW OF PLAY THERAPY

> Toys and play are the words of children, and a few carefully selected play media items can provide children with an opportunity to act out feelings and difficulties as they are experienced. The child may have considerable difficulty in trying to tell what he [or she] feels or how he [or she] has been affected by what he [or she] has experienced, but if permitted, in the presence of a caring, sensitive, and empathic adult, will show what he [or she] feels through the toys and materials he [or she] chooses, what he [or she] does with and to the materials, and the story he [or she] acts out. (Landreth, 1978, p. 42)

Rationale for Play Therapy

Play therapy is a particularly appropriate approach to counseling children because play comes naturally to children. "Through the manipulation of toys, the child can show more adequately than through words how he [or she] feels about himself [or herself] and the significant persons and events in his [or her] life" (Ginott, 1961, p. 51). This is because most children under the age of 9 or 10 have not yet developed the abstract reasoning skills and verbal abilities to sit in the counselor's office and be articulate about their thoughts, feelings, and behaviors. They are much more likely to be comfortable using toys and play to express themselves. Most young children have better developed receptive language skills than expressive language skills. This means that they can

frequently comprehend concepts even when they do not know how to verbalize them. This allows the counselor to combine play and verbalizations to communicate ideas to children.

Adlerian Applications

Everything the child does or says in the session communicates information about how the child views himself or herself, the world, and others. The child's play and the child's verbalizations in play are metaphors representing the child's life-style and life situation. In Adlerian play therapy, the counselor's job is to observe the child in the play room, understand how the child's life-style and life situation are present in the play, and begin to articulate that understanding to the child.

Different Approaches to Play Therapy

There are many different ways to use play in the counseling of children (and adults). Each of the approaches to play therapy has unique methods of conceptualizing people, defining the role of the counselor, and interacting with clients and their parents. Depending on the counselor's beliefs about people, his or her personality, and the client population, the counselor may choose to adhere strictly to one particular theoretical approach to play therapy or to apply different approaches in an eclectic fashion. I believe that play therapists should seek out those approaches that are most congruent with their basic beliefs about people and their personalities. (See appendix B for a list of selected books that provide in-depth descriptions of specific theories and books that provide an overview of several different theories.)

The Adlerian approach has many things in common with other approaches to play therapy. The focus of this chapter is on generic play therapy concepts. It also contains explanations of how the counselor can apply these generic principles to Adlerian play therapy.

Toys Appropriate for Play Therapy

Because the toys are the medium of communication for the child in play therapy, their selection must be a carefully considered process. Landreth (1991) suggested that the play therapist evaluate toys for the play room using the following criteria. Toys and materials must

1. facilitate a broad range of creative and emotional expression;

2. be interesting to children;
3. allow for both verbal and nonverbal exploration and expression in the play room;
4. provide experiences for children in which they can feel successful, without having to follow certain preordained procedures; and
5. be well made and durable.

In the course of the play therapy, the child will use the toys and play media to (a) establish a positive relationship with the counselor, (b) express many different feelings, (c) explore and reenact real-life situations and relationships, (d) test limits, (e) strengthen self-concept, (f) improve self-understanding, and (g) enhance self-control (Landreth, 1991). The counselor must choose toys that insure the child an opportunity to accomplish these goals.

Each of the theoretical approaches to play therapy has a different philosophy about the specific types of toys necessary for counseling (O'Connor, 1991). For example, in client-centered play therapy (Landreth, 1991), there are many toys representing each of three distinct categories: real-life toys, acting-out aggressive-release toys, and toys for creative expression and emotional release. In ecosystemic play therapy (O'Connor, 1991), the play therapist preselects two or three toys according to the particular child's developmental level.

Adlerian Applications

The toy selection in Adlerian play therapy is similar to that in client-centered play therapy (Landreth, 1991), but there are five general categories of toys instead of three: family/nurturing toys, scary toys, aggressive toys, expressive toys, and pretend/fantasy toys. For Alderian play therapy it is not necessary to have all of the toys listed in each category, but it is essential to have representative toys from all five different categories of play media. The more choices children have for expressing themselves, the more likely it is that they will communicate clearly.

In addition, having a wide range of toys allows children to use the play media in a variety of different ways. For instance, they can use (a) family/nurturing toys to explore family constellation and family atmosphere; (b) scary toys to explore mistaken beliefs, perceived threats, and past traumas; (c) aggressive toys to explore control and trust issues; (d) expressive toys to explore feelings, family relationships, and express their unique creativity; and (e) pretend/fantasy toys to explore relationships and practice new behaviors.

Family/nurturing toys. Children use these toys to build a relationship with the therapist, explore their understanding of and feelings about family relationships, and re-create events that occur outside the play room. They may use these toys to act out their family atmospheres and/or to give or ask for nurturing. These toys include:

doll house
baby dolls
a cradle
animal families
child-sized rocking chair
warm, soft blanket
people puppets
baby clothes
baby bottles
stuffed toys
sand in a sandbox
several different families of bendable dolls
pots, pans, dishes, and silverware
empty food containers, like cereal boxes and cans.

If the space is available, wooden or plastic kitchen appliances enhance the kitchen area play. Regardless of the racial composition of the client load, it is essential to provide children with dolls from different ethnic groups. This encourages children to explore differences and similarities among different groups of people and to explore their own identities. If possible, it is also important to have several families of each different ethnic group. This allows children who live in step families or extended families to have enough dolls to re-create their own family structures in the play room. It also allows children being raised by gay or lesbian couples to have two mothers or two fathers. The clothing of the dolls in the families should be removable (velcro and elastic construction is appropriate) because many children (especially those who have experienced sexual abuse) will want to disrobe and rerobe the family members.

I also like to have animal families because sometimes a doll family looks too much like a real family, which may be too threatening for some children. Children may be more willing to act out family dynamics with the kitchenware or with a family that does not look like their family.

Scary toys. Children use scary toys to deal with their fears, both reality based and fantasy based. They can act out being fright-

ened, protect themselves, or ask the counselor to protect them. The following are toys that might fit into the scary category:

- snakes
- rats
- plastic monsters
- dinosaurs
- insects
- dragons
- shark
- alligator
- wolf, bear, alligator puppets.

Many sexually abused children use the snakes and/or some type of plastic toy that has a hollow body and teeth. These are frequently objects of fear for children with this presenting problem. If a child has a specific fear, it might be helpful to obtain a toy that could more exactly represent the feared object.

Aggressive toys. Children use aggressive toys to express feelings of anger and fear, to learn act out their aggression symbolically, and to explore issues of power and control. They can also use aggressive toys to protect themselves symbolically from danger, such as those represented by the scary toys. Toys from this category are also very important for children in building a sense of competence. Many times their experience with feeling as though they can keep themselves safe in the play therapy session through control over the weapons is the first step toward developing a positive self-concept. Although some play therapists prefer not to have these types of toys in their sessions because children frequently try to use the aggressive toys in inappropriate ways, the toys provide a valuable means for children to test limits in a safe environment and to develop self-control. I like to have weapons that do not look realistic, just to make a distinction between real weapons and symbolic weapons. Some of the toys in this category include

- a stand up punching bag/bop bag
- weapons (such as dart guns, play pistols, holsters, swords, and rubber knives)
- toy soldiers and military vehicles
- small pillows for pillow fights
- foam rubber bat
- plastic shield
- handcuffs.

Handcuffs are excellent toys for playing out themes of power and control. They are also useful for exploring trust issues. However, the play therapist must be sure to obtain handcuffs that have a catch release built in because children quite frequently appropriate the keys to handcuffs, and they vanish.

The therapist must examine his or her own issues with power and control, trust, and fears before including personally threatening toys. Children can sense when certain toys bring up issues for the play therapist, and they may use this awareness to try to intimidate or control the course of play therapy. The play therapist can decide on rules of play for the aggressive toys in advance of the session with the child. For instance, I have a rule that children may handcuff themselves any way they want, but that they can only handcuff me with my hands in front of my body. Because I feel afraid when I do not have control of my hands, I am not comfortable with my hands immobilized behind my body. I use self-disclosure about this feeling when I explain the handcuffing rules with children who want to handcuff me.

Expressive toys. Children use expressive toys to explore relationships, express feelings, understand problems and work out solutions, and express creativity. Expressive toys can also provide an avenue for developing skill mastery, which can enhance self-confidence, self-esteem, and self-control. Most expressive toys are artistic or creative in nature and can include

an easel and tempera paints
watercolors
crayons
markers
glue
newsprint
play dough or clay
finger paints
pencils
scissors
scotch tape
egg cartons
pipe cleaners.

It is important to have a place for children to create with the expressive toys. If the play therapist is lucky enough to have an actual play room, a child-size table or desk is the perfect work surface for the child.

Pretend/fantasy toys. Children use pretend/fantasy toys to explore different roles, express feelings, experiment with alternative behaviors, pretend to be someone else, and act out situations that they observe in real life. They may also use these toys to explore relationships and ideas metaphorically and to communicate about their feelings, attitudes, and experiences. Pretend/fantasy toys include materials such as

masks
a doctor kit
hats, jewelry, purses, and other dress-up clothes
blocks and other building materials
cars, trucks, airplanes, and other transportation toys
puppets and puppet theater
magic wands
broom, iron, ironing board
telephones (2)
zoo and farm animals.

In choosing pretend/fantasy toys, the play therapist should try to avoid toys that have a preconceived identity. By eschewing toys associated with television shows, movies, and the like, the therapist ensures that children can impose their own ideas and identities on the toys.

Toy Arrangement

It is important to have the toys openly displayed so that children can have ready access to them (Landreth, 1991). They should be within easy reach and placed in a predictable place. By keeping toys in the same basic position, the play therapist can establish that the play area is a place where the child can feel safe and expect consistency and routine (Landreth, 1991). It is easier for children to remember where the toys belong if the toys are arranged by category.

Setting for Play Therapy

The perfect setting for play therapy is a custom-designed play room. However, it is the rare and lucky counselor who has an opportunity to work in such a setting. Many counselors who use play therapy as a modality for working with children have to make do with shared quarters or temporary spaces. This should not have an adverse effect on the counselor's ability to conduct play therapy sessions.

The Ideal Play Room

The ideal play room should reflect the personality of the counselor and his or her philosophy about children and play therapy. It should also reflect the particular clientele that he or she serves. Some counselors have very few toys and limited visual stimulation in their play rooms because they work with children who are easily distracted. Other counselors have many costumes and a stage in their play rooms because they, personally, are dramatic and like to use drama and enactments with their clients. Other counselors who have a need for order and structure, or who have limited space, have everything built in—shelves, kitchen appliances, sand box.

Landreth (1991) provided a thorough description of the practical considerations in designing a play room. He suggested that the ideal play room is approximately 12 feet by 15 feet, with an area of between 150 to 200 square feet. This gives the child room to move about, at the same time keeping her or him relatively close to the play therapist. A room this size could comfortably accommodate several children at one time if the play therapist wanted to work with a small group.

It is important to be able to provide the child with privacy in the play room. This does not necessarily mean no windows, but if there are windows in the play room, the child should be able to cover them with some type of curtain or blind (Landreth, 1991).

In order to make sure that the child does not feel guilty for making a mess, the wall coverings and floors should be washable. Shelves for the toys need to be secured to the wall, so that an angry child cannot pull them down (Landreth, 1991).

The ideal play room contains a sink with cold running water, but without potentially dangerous hot water. A chalkboard or marker board attached to a wall provides a safe means for self-expression. A small bathroom opening into the play room can eliminate power struggles about trips down the hall to the bathroom (Landreth, 1991).

Other Spaces for Play Therapy

A counselor does not have to have an ideal play room in order to be able to use play therapy with children. Many school counselors travel from school to school, bringing a bag of toys with them (Landreth, n.d.). Some counselors who work for community agencies go into children's homes to conduct play therapy sessions. Many counselors who work for hospitals or hospices go into hospital rooms and do play therapy on hospital beds. Counse-

lors who do not have the ideal space for play therapy or even a permanent setting for sessions will need to find a space that is relatively quiet and free from distractions. They will have to have a place to set out their toys in a predictable arrangement. They may choose to bring different toys to the session depending on what they want to work on in that particular session.

Adlerian Applications

In Adlerian play therapy, the most important factor in play room design is the attitude of the counselor. If the counselor feels happy, safe, and comfortable in the play room, children will feel happy, safe, comfortable, and welcome. It is essential for the Adlerian counselor to remember to use flexibility and imagination to create a space in which the counselor can feel comfortable and clients can feel safe.

Types of Clients Appropriate for Play Therapy

Some therapists use play therapy in their work with adults (Frey, 1993; Peyton, 1986), but most play therapists work with young children – usually between the ages of 3 and 10. The play room may also appeal to older preadolescent and early adolescent children if it contains more sophisticated toys, such as craft supplies, carpentry materials, office equipment and supplies, and older looking play media (Kottman, Strother, & Deniger, 1987).

"Play therapy has been demonstrated to be effective with children of all diagnostic categories except the completely autistic and the out-of-control schizophrenic" (Landreth, 1991, p. 42). Therapists have used play therapy as a treatment modality with

- abused and neglected children (Allan & Lawton-Speert, 1989; Auerbach-Walker & Bolkavatz, 1988; Gil, 1991; Marvasti, 1993; Mills & Allan, 1992; Strand, 1991);
- aggressive, acting-out children (Bleck & Bleck, 1982; O'Connor, 1986; Willock, 1983);
- anxious, withdrawn children (Barlow, Strother, & Landreth, 1985; Mills & Allan, 1992; Watson, 1986);
- severe behavior problems and conduct disorders (Guerney, 1991; Kaczmarek, 1983a; Kottman, 1993; O'Connor, 1993; Rapier, 1991; Reid, 1993; Stockburger, 1983);
- developmentally delayed children (Leland, 1983; Yawkey, 1982);
- children whose parents are divorcing (Berg, 1989; Faust, 1993; Hellendoorn & DeVroom, 1993; Mendell, 1983; Price, 1991);

- children with enuresis and/or encopresis (Knell & Moore, 1990);
- specific fears, such as separation anxiety and fear of hospitalization (Cooper & Blitz, 1985; Milos & Reiss, 1982; Sugar, 1988);
- grieving children (Barile, Clark, deJong, & Zambelli, 1988; Carter, 1987; Copley, Forryan, & O'Neill, 1987; Masur, 1991; Perry, 1993; Saravay, 1991);
- hospitalized children (Alger, Linn, & Beardslee, 1985; Brunskill, 1984; Ellerton, Caty, & Ritchie, 1985; Golden, 1983; Kaplan, 1991; Wojtasik & Sanborn, 1991);
- children with learning disabilities (Guerney, 1983; Utay, 1991);
- mentally retarded children (Bowling, 1988; Ginsberg, 1984; Kaczmarek, 1983b; Leland, 1983; O'Doherty, 1989);
- children with selective mutism (Barlow, Strother, & Landreth, 1986; Knell, 1993; Leland, 1982);
- physically handicapped children (Palumbo, 1988; Salomon, 1983; Williams & Lair, 1991);
- terminally ill children (Bertoia & Allan, 1988; Glazer-Waldman, Zimmerman, Landreth, & Norton, 1992; Goodman, 1991; Landreth, 1988; LeVieux, 1990); and
- children who have experienced some type of severe trauma, such as a natural disaster, plane crash, or war (Fornari, 1991; Hofmann & Rogers, 1991; Joyner, 1991; Webb, 1991).

Play therapy can also be an effective intervention strategy with many classroom discipline problems and with negative family interactions. All such behaviors fit somewhere on a continuum ranging from mildly irritating to seriously debilitating. Children who have moderate problems that are interfering with their performance in school may need intervention from a school counselor or from a community agency counselor. These professionals may choose to use play therapy as an intervention strategy. The parents of children with severely handicapping problems should seek help from the medical profession or from mental health professionals with advanced training in working with children with serious difficulties.

Adlerian Applications

In my experience, Adlerian play therapy works well with a variety of presenting problems. This intervention strategy is es-

pecially appropriate with children who have (a) power and control issues (e.g., temper tantrums, power struggles with teachers and parents, bullying behavior), (b) experienced some kind of trauma (e.g. sexual abuse, parental divorce, death of a close friend or family member, natural disaster), (c) poor self-concepts (e.g. giving up easily, making denigrating remarks about self), (d) difficulty getting along with their families (e.g., sibling rivalry, fights with parents), and (e) poor social skills (e.g. trouble making friends, not getting along with classmates).

Summary

Play therapy is an appropriate intervention approach for working with young children who lack the abstract verbal abilities to articulate their difficulties clearly enough to receive support and assistance from counselors. This strategy seems to work with children experiencing a broad range of difficulties.

The play therapist must carefully select toys that will help children to express their thoughts and feelings. The arrangement of the toys and the atmosphere in the play therapy setting must provide comfort and consistency so that children will feel safe in acting out problem situations and relationships.

Although each approach to play therapy has its own philosophy and rationale for the play therapy process and the selection of toys, the Adlerian play therapist uses the play therapy process to help children gain a better understanding of how they view themselves, others, and the world and to learn new attitudes to replace self-defeating attitudes. The Adlerian play therapist chooses toys designed to facilitate this exploration and to help children learn new ways of interacting with others. Adlerian play therapy seems to work best with children who have issues surrounding power and control, children with poor self-concepts and social skills, and children who have experienced some kind of trauma.

CHAPTER 4

CONSULTING WITH PARENTS AND TEACHERS

The most influential and important people in the social context of a child are his or her parents and teachers. Consulting with the child's parents and teachers is an essential component in Adlerian play therapy because these adults can have a great impact on the child and his or her life-style.

Parent Consultation

Parents are invaluable sources of information about the child's developmental history and interactional patterns. They can also provide support for changes the child makes during play therapy. As the child learns new ways of viewing self and others and new behaviors, her or his parent(s) can help the child apply these concepts and actions to situations other than the play session. Quite frequently the parent(s) also need to change the way they view themselves and their children and the way they behave in their interactions with one another and with their children.

I use conjoint parent consultations to build a relationship with the parent(s), gather information about the child, and make suggestions about how the parent(s) and other family members can contribute to the growth of my child client. I have discovered that is it very important to begin building the relationship with the parent(s) before I make any recommendations. Many of the parents who bring their children to counseling seem to feel that the

very fact that their child needs help suggests that they have failed in their parenting. If I go into the first sessions with the parent(s) and begin to make suggestions about ways they can change, they will not usually be able to hear or follow through with these suggestions. I must take the time to begin to build a relationship by listening to their story, reflecting their feelings, and encouraging them for anything positive I can find in their parenting or their relationship with their child. Before I meet with the child, I spend at least one entire session with the parent(s) to begin this process.

After this initial session, I usually see the parent(s) for 20 minutes of the session and the child for 30 minutes of the session. This configuration varies with each particular family and with the setting of the play therapy. For instance, many school counselors do not have the time to include parents in every session with a child. In order to include the parent(s) in the process, they might choose to have a 5- to 10-minute telephone conversation with the parent(s) every other week. They might choose to have a parenting class based on Adlerian principles, such as Systematic Training for Effective Parenting (STEP) (Dinkmeyer & McKay, 1989) or Active Parenting (Popkin, 1982) for parents of children in play therapy. By thinking creatively, counselors who cannot require parents to participate in the play therapy process can devise methods to include them.

Engaging the Parent(s)

The Adlerian play therapist begins to involve the parent(s) during the initial telephone conversation. During this first interaction, the therapist asks for a description of the present difficulty and the history of the problem. He or she discusses the practical aspect of the therapy process, such as how much it will cost and the time, day, and length of the play therapy sessions. The therapist also gives the parent a brief explanation of the rationale and process of play therapy and answers any questions before setting up the first appointment.

During that first session, in the process of building the relationship with the parent(s), the play therapist asks the parent(s) to further elaborate about the presenting problem and to discuss any attempts the family and/or school has made to remedy the problem. During this session, the therapist explains the importance of the parents and other family members in the development of the child. If the problem seems to be home based, the therapist discusses the fact that the solution will probably involve the entire family working together—changing the way they inter-

act with each other and learning to support the identified-patient child. If the problem seems to be school based, the counselor discusses the fact that the family will need to support changes that the child is making at home and that the parents may have to act as child advocates with school personnel. The therapist can use all of these factors to explain how important it is that the parent(s) are involved in the play therapy on an ongoing basis.

If the family is a two-parent family, I always try to get both parents involved. If the parent who calls says that the other parent is unwilling or unable to attend sessions, I frequently say that I want to go ahead and contact the other parent directly. When I do contact the absent parent, I say that I need his or her help in order to be able to help the child. I discuss the fact that both parents know the child better than I can ever know the child because I spend less than 1 hour a week with the child. I also talk about needing as many possible points of view in order to truly know the child; that I value both parents' perceptions equally; that input from both parents is important to the child's growth. I also mention that I may ask the parents to do some things differently at home and that I want both of them to hear my suggestions so that I can get feedback from all concerned parties. I frequently mention that I want to have the entire family in for a session or two.

It is not necessary to have both parents attend every session, but the counselor will probably want to have them both come to the initial session and as many subsequent sessions as possible. If the child is in a stepfamily situation or joint custody situation, it is important for the counselor to at least meet any parents or stepparents who spend a significant amount of time with the child or have disciplinary power over the child.

I have not found it productive to have repeated sessions with divorced parents who are still involved in custody battles or who are still conflictually enmeshed with one another. However, I sometimes want to have one or two sessions with all of the adults involved in the child's life in order to explain the process of play therapy and to stress the importance of consistency and communication for the sake of the child.

Matching Parent Consultation to the Family

In many families the problems are minor, and the parent consultation usually consists of encouragement of the parent(s), suggestions for minor adjustments in discipline and communication patterns, and monitoring changes in the child's behavior at

home. With other families, there may be more deep-seated problems affecting the child, and the parent consultation is more involved.

Some children have problems that stem from difficulties within the marital dyad. They may be acting out the conflict in their parents' relationship, or they may be serving as a scapegoat or distractor for their parents. If the marital problems are minor, the counselor can use parent consultation to work with the parents on better communication and cooperation within the marital dyad as well as within the parent/child system. If the marital problems are moderate or severe, the counselor should probably refer the parents for marriage counseling outside the play therapy context.

With some children, the difficulty seems to stem from their parents' lack of parenting skills. There is no owner's manual that comes with children, and quite frequently parents have few ideas about how to discipline or provide the structure and routine necessary to young children. They may not have any knowledge of communication skills or child development, both of which are very helpful in raising children. With these parents, the Adlerian play therapist must teach parenting strategies such as listening skills, problem definition, goal recognition, consequence setting, and encouragement.

Some parents also have personal problems that prevent them from interacting in a nurturing way with their children. They may have emotional problems, residual problems from being sexually or physically abused, problems with drug or alcohol abuse, or other difficulties that preclude appropriate relationships with their children. Parents may also have family-of-origin issues that interfere with their own ability to parent. Adults who have not resolved critical issues with their own parents sometimes have difficulty devoting the necessary energy to their children. With these parents, if the problems are relatively mild, the counselor can do some personal counseling as a part of the ongoing parent consultations. However, some parents have such far-reaching difficulties that the time spent in parent consultation is simply not enough to have a discernible impact on the situation, and they need additional personal counseling. Depending on the circumstances with the particular family, the counselor may see parents for personal counseling in a separate session from parent consultation or refer them to another counselor.

With some families, I believe that the primary difficulty is the parent(s)' emotional problems rather than the child's troubles. In these situations, when I feel that the child has gained a per-

spective on the family situation and an enhanced sense of worth, I may discontinue the child's play therapy and work with the parent(s) instead. There are some situations in which I believe that the parent/child boundaries are weak and the child is not yet strong enough to maintain any of the gains brought about by play therapy. In these circumstances, I usually refer the parent(s) to another counselor for ongoing personal counseling and continue to work with the child in play therapy.

In some situations, counselors do not have the option of referring the parent for personal counseling. When this happens, it is essential that counselors constantly monitor their own boundaries and work to keep the child and the child's issues separate from the parent(s) and the parent(s)' issues.

Gathering Information From the Parent(s)

During the parent consultations, the Adlerian play therapist gathers two different kinds of information: data about the presenting problem and any changes related to it and data about factors that affect the child's life-style. In the initial sessions, the therapist may want to encourage parents to vent their own feelings of frustration and helplessness about the presenting problem. After this, however, the therapist spends only a few minutes in each consultation discussing the presenting problem and any developments related to it. It is important to avoid having the presenting problem as the primary focus of information gathering because the therapist should not encourage family members to continue defining the child in terms of the presenting problem.

The primary emphasis in the information-gathering process is the perception of the parent(s) of (a) how the child gains his or her significance in the family; (b) how the child interacts with other family members; (c) how the child views himself or herself, others, and the world; and (d) how the child's behaviors grow from this viewpoint. The counselor also asks the parent(s) to describe the birth order of the children and to describe the personality of each of the children in the family. It may also be helpful to have the parent(s) rate the children in the family on such qualities as intelligence, helpfulness, materialism, and selfishness. This helps the counselor to begin to understand how the child's psychological position in the family affects the child. It is also important to ask the parent(s) questions about their marital relationship, their own families of origin, their relationship with the children, and their views on and strategies for discipline. The answers to these questions give the counselor a perspective on the family atmosphere.

Asking about the daily routine and the child's responsibilities helps the counselor begin to understand possible goals of behavior. Questions about behaviors that annoy the parents, how they respond to those behaviors, how they feel when the behaviors persist, and how the child reacts when he or she receives reprimands for inappropriate behaviors help the counselor formulate hypotheses about the child's goals.

It is important to ask parents if any kind of event or circumstance that could adversely affect the child has occurred in the child's life. Most parents do not realize that events such as a death of a family member or pet, a divorce, an earthquake, or circumstances such as having an alcoholic or mentally ill family member can have long-lasting consequences for children. The counselor may have to ask specific questions, giving many examples of the types of events or circumstances that could have an impact on children.

Appendix C contains a list of questions that the play therapist can use in gathering data about the child's life-style. Rather than damaging the rapport-building process by bringing this questionnaire into the parent consultation session and interrogating the parent(s), the counselor will be well served to weave specific questions from the list into the natural flow of the conversation with the parent(s). The play therapist uses the information gathered to help him or her understand the child and the relationship between the parent(s) and the child.

The counselor can use the information gathered as a basis for teaching the parent(s) new strategies for perceiving and interacting with the child. The counselor may want to reframe the child's behavior in a way that helps the parent(s) see the behavior in a different, more positive light. An altered perception of the child helps parents and other family members react differently to the child's behavior. When the child tries to re-prove what he or she already knows about himself or herself by acting a certain way, the rest of the family does not automatically react in a negative fashion that encourages this behavior. Their new knowledge, along with positive discipline methods, can give parent(s) an increased number of choices for responding to the child in ways that do not confirm mistaken beliefs and negative life-style components.

The data from the parents can be invaluable to the counselor in choosing appropriate parenting skills to teach the parent(s). The data are also helpful as the counselor makes choices about how to introduce the parenting skills in a way that minimizes pa-

rental resistance and how to teach skills in a way that maximizes parental understanding and follow-through.

Adlerian Parenting Skills

The Adlerian play therapist spends the bulk of most parent consultation sessions teaching parenting skills. It is important to tailor these sessions to the needs of the parent(s) and the child. A few parents can just read and apply books on Adlerian methods of discipline, such as *Children: The Challenge* (Dreikurs & Soltz, 1964), *Raising Kids Who Can* (Bettner & Lew, 1989), *Parenting Young Children* (Dinkmeyer, McKay, & Dinkmeyer, 1989), *Active Parenting* (Popkin, 1982), *The Parent's Handbook: Systematic Training for Effective Parenting* (*STEP*) (Dinkmeyer & McKay, 1989), or *The Effective Parent* (Dinkmeyer, McKay, Dinkmeyer, Dinkmeyer, & McKay, 1987). Other parents need to have very concrete verbal instructions, with numerous examples from their family interactions. With these parents, the play therapist might want to give homework assignments so they can practice the skills between sessions.

Many times, parents try a strategy several times or apply it inconsistently and then decide that it does not work for them. The counselor must encourage the parent(s) to give any new discipline procedure time to work. One way to do this is to point out they used their old methods for a long period of time, and to be fair, they should give the new methods equal time. Although most parents are not really willing to do this, the humor inherent in this suggestion frequently helps them gain a perspective on the situation. The counselor must also encourage the parent(s) to be consistent in the application of any new strategies. Children learn more from what parents do than what they say. When parents are not reliable in using the newly acquired skills, they send a message to children that they are not serious about pursuing an altered style of communication and discipline.

The counselor should have a repertoire of parenting skills to teach parents that includes the following strategies: (a) listening reflectively, (b) defining problem ownership, (c) recognizing the goals of behavior, (d) setting logical consequences, and (e) encouraging (Dinkmeyer & McKay, 1989; Dreikurs & Soltz, 1964). Some families will need to acquire additional skills, and the counselor must be willing to help them explore different democratic discipline options.

I have found it very helpful to let parents practice skills with me before they try to apply them with their children. I frequently have parents come into the play therapy session to watch me model

the skills. I may ask them to practice the skills with their child in the play session and (privately) give them suggestions for modifications before assigning the skills as homework. When I ask them to use the skills at home, I make sure that I give them ample time during the subsequent parent consultation for giving me feedback on their application of the strategies. Parents frequently need encouragement for trying the new skills, for improvements in their relationship with their child, and for not giving up easily if the skills do not have instant success.

Listening reflectively. One way to improve parent/child communication is for the parent(s) to reflect their children's feelings back to them. By using reflective listening, the parent(s) affirm their children and their experiencing. When children feel heard and understood, this process can deepen the relationship with their parent(s) and their sense of security and self-esteem. The counselor can teach parents simple reflecting skills, including making open responses, attending to nonverbal messages, and using feeling words. Dinkmeyer and McKay (1989) suggested that the best way to teach parents to reflect feelings is to encourage them to (a) ask themselves, "What is my child feeling?" (b) think of a word that describes that emotion, and (c) put that feeling into a sentence. By giving parents this simple, concrete method of constructing reflections, the counselor reduces the chances of them feeling overwhelmed by the prospect of changing their communication patterns.

Some examples of reflective listening:

- "You sound excited because we're going to the ice cream parlor."
- "It seems like you're kind of disappointed that you missed the bus."
- "I'm guessing that you're angry because your dad didn't come to pick you up after the movie."

Defining problem ownership. Many times the power struggles between a child and her or his parent(s) stem from the fact that they have not adequately defined problem ownership (Dinkmeyer & McKay, 1989; Gordon, 1970). The best way to decide who owns a problem is to ask, "Whose problem is it? Who is experiencing difficulty with whom? Whose purposes are not being met?" (Dinkmeyer & McKay, 1989, p. 62). Gordon (1970) suggested that there are three possible answers to this question in the parent/child dyad:

1. The child's behavior is not bothering the parent(s), but the child's needs/purposes are not being met. For example,

Sarah wants to go to a skating party but decides not to attend because she is angry with her mother. This does not interfere in any way with her mother's happiness, but Sarah misses a good time. In this type of situation, the child owns the problem, and it is not really a problem for the parent(s) as long as they can keep themselves from trying to protect the child from her or his own choices and behavior.

2. The child's behavior is not bothering the parent(s), and the child's needs/purposes are being met. For example, Sarah does not really want to go to the skating party, so she decides not to go. Her mother does not care whether Sarah attends the party or not. In this type of situation, there is no problem at all. Sometimes parents and/or children make a problem from a situation that is not really problematic.
3. The child's behavior is bothering the parent(s), but the child's needs/purposes are being met. For example, Sarah does not really want to go to the skating party, and she refuses to go, even though her mother had planned to go out and cannot find a baby sitter for Sarah. If the child's needs/purposes are not thwarted, he or she will not have very high motivation for engaging in problem-solving or cooperative behavior. In this situation, the parent owns the problem and must generate a solution that all parties can accept.

The play therapist can teach parents about these three possible configurations of problem ownership and encourage them to define ownership for each problem. This helps parents involved in power struggles with children over situations that are not really a problem for the parent(s). It may prevent them from rescuing children from the natural consequences attendant in situations that they have created themselves. It also helps parents be realistic in defining their expectations for situations in which they own the problem, and the child does not.

Recognizing goals of behavior. As indicated in chapter 2, Adlerians believe that all behavior is purposive and that most misbehavior by children is directed toward achieving attention, power, revenge, or proving inadequacy. The Adlerian play therapist teaches parents how to recognize each of these goals and tailor their response to the child depending on the purpose of his or her behavior. *Children: The Challenge* (Dreikurs & Soltz, 1964) and the

other volumes listed at the beginning of this section on Adlerian parenting strategies could assist the play therapist in this teaching process.

The best way to identify the child's goal is to examine the actual behavior, the adult's feeling when confronted by the behavior, and the child's response when disciplined. (See chapter 8 for a description of each of these factors.) I have found it helpful to have parents practice identifying goals of behavior during parent consultations, with examples of situations they have encountered with their children.

After the parents learn to identify goals, they must learn how to counter them. With children whose goal is attention, the most appropriate parental response is to ignore them when they are asking for attention and to give them abundant attention when they are not asking for it. The counselor may want to suggest that the parents read *Your Child's Self-Esteem* (Briggs, 1975), which is an excellent resource for providing timely positive attention to children.

Parents of children whose goal is power must learn to set limits and establish logical consequences for inappropriate behavior while also allowing for age-appropriate power. One way for parents to achieve this is for them to learn to give children limited choices. Parents need to avoid getting into power struggles with these children by strategically withdrawing from power struggles, parents can assert their own authority. A resource I have found to be valuable in teaching this idea to parents is an article entitled "Power Plays at Home and School" (Williams, 1977).

Children whose goal is revenge are especially difficult to parent because their behavior is frequently very hurtful. The primary idea that parents must keep in mind is to avoid taking the behavior personally and to avoid showing hurt or frustration. They must be very nurturing, patient, and consistent with these children, engaging them in setting up the consequences for their misbehavior. In working with revenge-oriented children, it helps to remember that these children feel that they have been severely hurt themselves, and their behavior stems from these feelings.

With children whose goal is proving that they are inadequate, the most important components in parenting are encouragement (see chapter 6) and perseverance. Parenting children who believe that they are inherently worthless can be extremely discouraging, so these parents need a great deal of encouragement and support from the counselor in order to be able to continue to try to create

situations and interactions in which their children can feel successful.

Choices and consequences. An important component of teaching Adlerian parenting skills is instructing parents in how to give choices and set up logical consequences in a way that engages the parent(s) and the child in a mutually respectful process designed to develop a sense of responsibility in the child (Dreikurs & Grey, 1970). In giving choices, parents give the two alternatives: one being a way to correct the misbehavior and the other being a consequence for choosing not to correct the behavior.

Examples of giving choices:

- "George, you can choose to talk quietly when your sister is asleep, or you can choose to go to your room until she wakes up."
- "Leigh, you can choose to put your dirty clothes in the hamper, or you can choose to wear dirty clothes."

When giving choices, it is essential that the parent(s) use a tone of voice and choice of words that convey respect, kindness, and acceptance. The parent(s) must never give a choice that they are unwilling to accept. If the parent(s) cannot tolerate the idea of having the child go to school wearing dirty clothes, they should not give that as a choice.

Consequences must be respectful, reasonable, and related to the transgression (Nelson, 1985). Children will feel respected if it obvious to them that they have some control over what happens and that their parents are listening to their perspectives. Reasonable consequences should not be too lengthy or too painful for the children. Although sometimes it is difficult to generate a consequence that is related to the misbehavior, it is important that children can see some kind of logical connection between their behavior and the effect.

According to Dinkmeyer and McKay (1989), in applying consequences, the parent(s) must adhere to the following basic principles:

1. Think about the child's behavior, feelings, and purposes.
2. Be kind and firm.
3. Avoid overprotecting the child. Let her or him experience the natural and logical consequences of her or his behavior.
4. Increase your level of consistency so that the child knows what to expect and can make decisions based on reasonable expectations.

5. Always convey respect to the child (verbally and nonverbally) even when you do not agree with or appreciate her or his behavior.
6. Encourage independence and responsibility.
7. Do not allow the opinions or disapproval of others to dictate your parenting behavior. Do what you think is right and respectful.
8. Consider who owns the problem and act accordingly.
9. Act more, threaten less.
10. Do not argue or give in to the child.

In setting up logical consequences, the parent should follow these steps:

1. State the limit in a nonjudgmental voice.
2. Reflect the child's feelings and/or make a guess about the child's goals and give an explanation of his or her position.
3. Invite the child to engage in generating alternative behaviors that are acceptable to both of them.
4. Engage the child in brainstorming consequences for transgressions at this point, or wait for the eventuality that the child decides not to abide by the agreement to engage in generating logical consequences. If the parent decides to brainstorm possible consequences, they enter into a negotiation process in which the purpose is to agree upon a consequence that the child can enforce if transgressions occur.
5. Ask the child to comply with the agreed-upon consequences and/or follow through on the consequences in a matter-of-fact manner, always conveying acceptance of the child and respect.

An example of the consequence-setting process:

1. Ms. Linder tells Connie, her daughter, that she must come home from her friend's house when she hears the church bells chiming five times: "You remember the rule that you need to come home for dinner when the church bell rings at 5 o'clock."
2. Ms. Linder reflects Connie's reluctance to come home and give up having fun with her friend and explains her position: "I know you have a lot of fun with Marcy, and you feel sad that you have to stop playing and come home, but it is hard for me to keep your dinner warm while everyone else in the family eats."

3. Ms. Linder invites Connie to engage in generating mutually acceptable possibilities for solving the problem: "Can you think of some other way for you to remember to come home for dinner on time?" Connie replies that she would like her mother to call her when it is time to eat. Ms. Linder agrees to this: "OK, if you really want me to, I am willing to call you one time when it's time for dinner."
4. If Connie does not abide by the agreement, Ms. Linder asks her to help decide on a consequence for the next time this happens: "Let's think of what can happen the next time you decide not to come home when I call you for dinner." Connie suggests that she not get any dinner. Ms. Linder is reluctant to agree to this, so she counters with the suggestion that Connie eat her dinner cold when she does get home. They agree upon this consequence.
5. The next time Connie comes home late, her mother reminds her of their agreement and gives Connie her plate of dinner, unwarmed.

Although the parent can ask the child to generate the consequences before the actual transgression, this conveys a lack of faith in the child's ability to abide by their agreement. I prefer to wait to set up the consequence until after the child has chosen to violate the compact because I think this communicates my belief that the child will be responsible.

Consulting With Teachers

Depending on the circumstances, the play therapist may also want to get parental consent to consult with the other influential adult(s) in the child's life: teachers. This is especially important if the presenting problem relates to situations in school or if the problem is affecting the child's performance in school. Because the Adlerian play therapist needs to form a complete picture of the child and his or her life, gathering information about the child's interactional patterns and attitudes toward self, others, and school from teachers can be very important. The therapist may have some insights about the child and his or her life-style that could help the teacher better understand and relate to the child. The play therapist may also want to use consultation sessions as an opportunity to impart information on Adlerian principles, such as goals of behavior, logical consequences, encouragement, and classroom meetings that teachers can apply to classroom discipline.

School counselors who are working with children using play as an intervention modality must consult with teachers on a regular basis to determine how the child's difficulties are manifesting themselves in the classroom. School counselors are also excellent resources for agency and private practice counselors who work with children because they usually have insight about the child's behavior at school. They can also provide valuable information about the best ways to approach the child's teacher.

If the child is experiencing a problem at school, many times the teacher is feeling defensive, so it is important for the play therapist to avoid seeming like a threat. The best way to approach the teacher is with a professional, collaborative manner. I usually tell the teacher that I need his or her help because the child spends more time in the classroom than in the play room. This is a true statement, and it seems to disarm most teachers and reassure them that I am not going to invade their classroom and tell them how they should be teaching.

Gathering Information From Teachers

To form a holistic picture of the child and her or his life-style, the counselor must ask questions about her or his attitude and behavior in different settings and with different individuals at school. In order to obtain this information, the counselor asks questions about how the child conducts herself or himself in various subjects, in the cafeteria, and on the playground. The counselor also asks questions about how the child interacts with peers, teachers, the principal, and other school personnel. Sometimes it is helpful to ask teachers if they know anything about the child's family that could be contributing to the child's self-image or behavior. The counselor may also want to ask permission to observe the child at school.

Sharing Insights About the Child With Teachers

One of the primary purposes of consulting with teachers is to share information and insight about the child with them. As the play therapy progresses, the play therapist may learn things about the child and the way he or she views himself or herself, others, and the world that could be helpful to the teacher. In order to protect the child's confidentiality, the therapist must avoid telling the teacher about specific behaviors from play sessions. However, the therapist can share inferences about the child's goals of behavior, self-image, psychological birth order position, assets, attitudes toward authority figures, and any other data that might help

the teacher to better understand the child. Based on this information, the teacher may be interested in learning more about Adlerian intervention strategies appropriate for overall classroom discipline or for working with this particular child.

Adlerian Intervention Strategies

If the teacher is excited about implementing Adlerian discipline in her or his classroom, there are several resources that provide comprehensive plans for incorporating Adlerian ideas in schools: *A Teacher's Guide to Cooperative Discipline: How to Manage Your Classroom and Promote Self-Esteem* (Albert, 1989); *Active Teaching* (Popkin, 1993); *Systematic Training for Effective Teaching* (*STET*) (Dinkmeyer, McKay, & Dinkmeyer, 1980). These books contain concrete suggestions for using the goals of behavior, encouragement, communication skills, and classroom meetings as a means of understanding children and promoting responsibility and cooperation in the classroom.

Summary

One of the most important skills in successful implementation of Adlerian play therapy is consultation—with both parents and teachers. These adults can be excellent sources of information about children and of support for the changes children begin to make in play therapy. The play therapist uses both counseling and teaching strategies in engaging parents and teachers, matching the consultation to the needs of individual families and classrooms, and helping parents and teachers learn new ways of interacting with children.

CHAPTER 5

BUILDING AN EGALITARIAN RELATIONSHIP WITH THE CHILD

The first thing the Adlerian play therapist must do is build an egalitarian relationship with the child. The counselor wants the child to know that the counseling relationship is an equal partnership between the two of them. The therapeutic relationship grows from mutual trust and respect. The main job of the play therapist during the first several sessions is to communicate respect for and trust in the child and his or her abilities. The therapist must earn the respect and trust of the child by being consistent, tolerant, and respectful.

Because the relationship is an equal partnership, the child and the counselor must share the responsibility and the power in their sessions. Both the child and the counselor have the right to have input into what happens in the play room. It is essential never to force the child to do or say anything in the play room. The child makes choices and the counselor respects those decisions, even when he or she does not particularly like them.

If I ask a question or make an interpretation and the child chooses not to answer, I convey my respect of the child by not insisting on an answer. To a child, what I do is much more important than what I say. If I want to convey trust and respect to the child, I must always act in a way that allows the child to maintain a certain amount of power and control over what she or he is

doing. I do not allow children to hurt themselves, other children, me, or the property in the play room, but otherwise they can make many of the decisions about what happens in the playroom.

The play therapist works on building the relationship with the child from before the child comes to the first session until after the child has stopped coming to play therapy. The cornerstone of the egalitarian relationship is a philosophical belief that all people deserve respect and a degree of power in their lives. The Adlerian play therapist must believe in this tenet and use it as the foundation for the relationship with the child. Although building the relationship is the first phase of the counseling process, it is not a discrete phase that stops as soon as the play therapist establishes rapport with the child. The therapist continues to foster the relationship throughout the therapeutic process. Just as the gardener waters a plant even after it has begun to flourish in the garden, the Adlerian play therapist steadily continues to use relationship-building strategies to communicate this accepting and empowering philosophy to the child.

Meeting and Engaging the Child

Building the egalitarian relationship begins before the Adlerian play therapist meets the child. One of the main goals of the first session, when the therapist meets with the parents without the child, is communication of the respect for and belief in the child that is inherent in the process of play therapy. The play therapist continues to convey this message the first time he or she meets the child.

As I enter the waiting room, I nod an acknowledgment to the parent(s) who brought the child, but say very little or nothing to the adult(s). I go straight over to the child and get on eye level. This may involve kneeling, squatting, or sitting on a low chair or the floor. I want to make sure I am not looming over the child, looking big, powerful, or overwhelming. We are equals in this world of play, and I do not want to look as though I am starting out with a size or power advantage.

When I greet children, I always use their names. I introduce myself and tell them how glad I am to see them and to have them here. I tell children that we are going to have a great time together. I want to convey a sense of excitement and fun about the play therapy session we are about to share. When I introduce myself, I tell children my first name—not my last name or my title. I am not planning on calling the child Miss or Mr. Jones, so why

should he or she have to call me Dr. Kottman? I say something like, "Hello, Barbara. I am Terry. I am very glad you are here today. We're going to have some fun!!"

Children may be apprehensive, anxious, or angry about the fact that they are about to go somewhere down the hall with an adult they have just met and have no reason to trust. The best way to deal with this seems to be directing their attention away from their own fears (G. Landreth, personal communication, 1985). There are a million ways to do this, depending on the counselor's imagination and creativity. The counselor can make a comment about some toy or book in the waiting room, point out what a strange pair of earrings she is wearing, or show the child a magic trick or a puppet from the play room.

Going to the Play Room

After I have spent a little time in the getting to know the child, putting her or him at ease, and letting her or him get used to being with me, I stand up and tell the child, "It's time to go to the play room now. Your mom (dad) will be waiting in the waiting room for us when we get back." I do not ask the child if she or he wants to go to the play room or if she or he is ready to go to the play room. Even in the first stages of the relationship, I am not going to ask the child a question or imply a choice that I am not willing to honor. By making the announcement that we are going to the play room as a given, I am setting a precedent that says there are some things that I will control and some things that the child will control. By mentioning that the child's parent will be waiting in the waiting room for our return, I have tried to reassure the child that the parent(s) are not going to abandon her or him and that the child will be safe and protected in the play room. (Elementary school counselors usually already know most of the children in their schools, so this process does not have as many possible problems as it does for agency counselors and play therapists in private practice.)

Occasionally a child is reluctant to go to a play therapy session. This does not happen very often if the therapist has presented the play room as a positive and exciting place and himself or herself as a kind and fun person, and if the counselor is patient in timing the announcement—waiting for readiness on the part of the child. However, some children are more anxious and skeptical than others and may not want to go to the play session. It sometimes helps to tell the child that his or her parent(s) can go

to the play room for the first 10 minutes and then the parent(s) will return to the waiting room to wait. If this still does not reassure the child, the therapist can have the parent stay in the play room and simply observe, or the parent(s) can sit in a chair in the hall outside the play room with the door open so that the child can see that the parent has not abandoned him or her.

I do not believe in carrying or dragging a child to the play room or having the parents do this for me. If I have a client who absolutely refuses to go to the play room with me, I tend to work with the parent(s) in parent consultation without doing play therapy rather than forcing a child to come to the play room. I believe that if I force a child to come to the play room I am violating the mutual respect necessary for an egalitarian relationship.

When we get to the play room, I usually say, "This is our play room. In here you can do many of the things you want to do." I do not tell children they can do anything they want to do because there are things they cannot do in the play room, such as hurting me, hurting themselves or other children, or destroying the material in the play room.

What Do You Think About Coming to Play Therapy?

Quite frequently children enter the play therapy relationship with negative ideas about why they are coming to play therapy. Sometimes this is due to messages they get from their parents, and sometimes it is due to their own interpretation of events and interactions, their private logic, and their mistaken beliefs about themselves, others, and the world.

Despite the counselor's suggestions about what to tell their children about coming to play therapy, sometimes parents convey negative judgments to their children about their reasons for being in play therapy. Some parents tell their children that they are bad and that they are coming to the doctor to be fixed. Some parents tell their children that they are the cause of the problems in the family and that they must come to therapy to be punished or to make the family well again. Other parents do not say anything at all about their reasons and hopes for the play therapy. I have had parents who told their children that I am a special kind of babysitter or daycare worker.

Many times, even if the parent(s) give children perfectly appropriate explanations for why they are coming to play therapy, the children may detect negative connotations. These children are usually those who are excellent observers but poor interpret-

ers. They filter the limited data they receive from their parents through their own negative private logic and their discouraged views of themselves, others, and the world and decide that their parents are bringing them to play therapy to be punished or fixed. Children who have this type of discouraged world view usually distort information they receive from others, including their parents and their play therapist, to fit into their own private logic and to confirm their basic convictions about themselves and their relationships. In order to begin to counter any negative information or perceptions about the play therapy process, some play therapists keep a copy of A Child's First Book About Play Therapy (Nemiroff & Annunziata, 1990) in their waiting rooms.

In order to explore children's understanding of the presenting problem, some time during the first session with them I ask them about their perception of the reason for coming to play therapy. I may ask them what they think we will do in the play room or what their parents told them about coming to play therapy. School counselors may want to talk about what the child's teacher told him or her. This type of questioning encourages children to explore their understanding of the reason for the referral to play therapy, their understanding of the process of play therapy, and their preconceived notions of what our relationship will be. It helps me begin to formulate an understanding of children's subjective interpretation of the presenting problem and their beliefs about what is going to happen in the play session.

When I think I understand the child's view of the presenting problem and of the play therapy process, I try to share my understanding of his or her perspectives. I use restatement and reflection to do this. I reflect the content of his or her statements, so that I can see if I have understood his or her perceptions of the situation. I reflect the child's feelings about what has happened, what is happening, and what is going to happen. My intent in both the restatement of content and the reflection of feelings is to communicate my respect for the child's position and perceptions and my desire to empathize—to see things from the child's perspective.

Children may or may not acknowledge or openly respond to the counselor's statements. It is important to monitor their nonverbal responses closely—to look for some kind of recognition reflex (Dreikurs, Grunwald, & Pepper, 1982). The recognition reflex is an involuntary nonverbal reaction to a comment or interaction that reveals something about the way the person is feeling or thinking. It can be a smile, a flinch, a nod, a grimace, a shrug, or

any other type of body language indicating an emotional or cognitive response to a situation.

Just as with an adult client, I give the child some information on how I view the process of therapy and my role as a therapist. In order to convey my own convictions about play therapy, I give the child a very brief explanation that includes a description of the process, a comment about my experience, and a suggestion that the process of play therapy usually works to help children feel better about themselves and get along better with others. For instance, I might say, "In play therapy, kids get a chance to play with the toys or talk about things that happen in their lives. I work with a lot of different kids in the play room. After they have been with me in the play room for a while, kids usually seem to feel better about themselves. Sometimes they also get along better with their families and their friends."

Sometime during the first session, I explain the nature of the egalitarian relationship I want to have with the child.

Examples of statements describing the therapeutic partnership:

- "In our play room, we will play and work together."
- "In here, we can do many of the things you would like to do together."
- "Sometimes you may play by yourself, or we may play together. Sometimes we may talk, sometimes we will be quiet. We will decide all those things together."

I also want the child to know how I perceive the presenting problem. I may give the child a brief summary of what her or his parent(s) told me.

Examples of this technique:

- To a second grade boy whose mother reports that he is publicly masturbating and that other children are teasing him for this behavior: "Your mom says that sometimes you touch yourself on the privates and that the other kids at school tease you about this."
- To a 5-year-old girl whose mother reports that she has low self-esteem and is constantly making negative comments about herself: "It seems that sometimes you say things about yourself that sound like you feel kind of sad and like you don't like yourself very much."
- To a first grade boy who has been acting out at home and at school: "Your dad says that sometimes you get into fights with him and your teacher."

In doing this, it is essential to keep the comments simple and on a vocabulary level that is similar to the vocabulary that the child uses. The counselor leaves out any judgmental words, such as *bad, good, in trouble, you have a problem* and simply reports the information. The counselor will do well to avoid endorsing any negative perspective of the presenting problem provided by the parent(s) or teacher(s). In this process, the counselor is simply letting the child know what he or she has heard from the parents so that they are not starting the relationship with any secrets or unspoken information interfering.

After I have conveyed the facts, and just the facts, I usually wait and see how the child responds. Sometimes the child disagrees with the parent(s)' version of the situation. Sometimes he or she clarifies details that vary from his or her perception. Sometimes the child ignores what I have said. It is not necessary for the child to acknowledge or understand the parent(s)' perspective. Whichever reaction I get gives me valuable information about the child and the child's life-style.

Some of the information the counselor gathers during the first several sessions provides clues about the child's goals for therapy. Many times a child is just brought to play therapy by her or his parents. The child may not have any goals for the therapy. However, usually even a reluctant child comes to play therapy with some things in her or his life that she or he wants to change. The counselor may ask the child if there is anything she or he wants to change in her or his life, at home, or at school. When goals are evident—either conscious or out of the child's awareness—the play therapist tries to align his or her therapeutic goals with them. When the child has something she or he wants to change, the counselor tries to help with those changes.

During the first few sessions, if I have detected any behaviors or attitudes I think the child wants to change during the counseling process, I may ask the child about them. This depends upon the maturity of the child and whether I think he or she is aware of these goals. Many times a mature child who has given a great deal of thought to his or her presenting problem wants reassurance that I understand what is happening and that I am willing to help him or her work on that problem in the play room. With such a child who has expressed conscious awareness of therapeutic issues and goals for therapy, I might say, "You mentioned that the other kids make fun of you on the bus. I wonder if that's something you might like to work on with me?"

Demystifying the Counseling Process

Just as with an adult client during the first session, the Adlerian play therapist talks to children about the nuts and bolts of the counseling process: logistics, parent consultation, confidentiality and therapeutic goals. It is important to let children know how often they will be coming to counseling, how long they will stay in the play room, what day and time they will be coming, and how long children usually stay in play therapy. The therapist invites children to ask questions about the play room or what goes on there.

Consulting With Parents and Teachers

I discuss with children the fact that I will be consulting with their parents and, perhaps, their teachers. The way I explain this to children will, of course, depend on the arrangements I have made with the parent(s) and the children's maturity level. For example, I could say, "I will meet with you every week for a half an hour. I will meet with your mom (and/or dad) every week for 20 minutes. You can decide whether I see you first or I see your parent(s) first." I will probably explain parent consultation by saying something like, "I will talk to your parent(s) about ways that the family can get along better so that things will go more smoothly in the family." I could explain teacher consultation by saying, "I may be talking to your teacher about how things go for you at school."

Confidentiality

I want to assure the child that he or she has the right to confidentiality about the contents of play therapy sessions. However, many times information about the process in the play room can help parents to better understand and interact with their child. Based on the child's behavior in the play room, I may want to share themes of play or goals of behavior with parents so that they can improve their comprehension of their child's attitudes, feelings, thoughts, and actions. Based on my thoughts and feelings in my relationship with the child in the play room, I may suggest ways for parents to change their own actions and reactions so that they can learn more appropriate ways to interact with their child. In order to communicate this abstract concept in the child's vocabulary, I might say, "I will not tell your parents things that you say or do in the play room. Sometimes I may share some of my guesses about why you do the things you do, or I may tell them some new ways to talk to you."

Sometimes it is necessary to breach confidentiality of children because they have been victims of abuse, or they are potentially dangerous to themselves or others. Therefore, I include in my initial statement about confidentiality a comment such as, "If I think that someone is hurting you or you might hurt yourself or someone else, I will need to let your parents know about that. I want to try to make sure that you are safe. I will always tell you before I am going to do this."

Giving the Child a Business Card

At the end of the first session with children, I give them my business card and tell them that if they ever need to talk to me, they should feel free to call me. This action is another way of letting children know that they are my primary clients and that their relationship with me is important and professional. By treating children as I do adults, I convey respect and further establish the egalitarian nature of the relationship. When I give children my card, most of them seem to feel special and important.

Tracking Behavior

One of the main tools of any play therapist in building a relationship, regardless of theory, is tracking behavior. When the play therapist tracks behavior, he or she tells the child what the child is doing at that particular moment. The purpose of tracking behavior is to let the child know that the therapist is willing and able to communicate in the child's preferred mode of interaction: play. Tracking behavior is one way to let the child know that the therapist is with her or him, that what the child is doing is important, and that she or he is the focus of attention. By tracking the child's behaviors in the play room, the play therapist can communicate an understanding that the child's play has meaning and significance.

Examples of tracking behavior

- The child picks up a doll. The play therapist might say, "You're picking that up."
- The child goes over to the mirror. The play therapist would comment, "You've decided to go over there."
- The child paints a picture. The play therapist could say, "You're painting something."

When tracking it is important to limit labeling objects and actions in the play room. If the counselor identifies an object or

action by a specific name, sometimes a child may feel bound by the label. If the counselor can avoid naming an object or action, it may encourage the child's creativity and freedom of choice. By not calling an object that looks like a cabbage a cabbage, the counselor grants the child the chance to decide that the cabbage is the head of a monster. By not saying that the child is jumping off the chair, the counselor grants him the chance to fly around the room on a magic carpet.

I track quite a bit during the first several sessions with a child to establish a connection between us. I do not track every time the child does something because this seems awkward and artificial. In the initial sessions, I probably track every second or third behavior. In later sessions, I track less and less frequently.

Restating Content

Another way to build the relationship with the child is to restate the content of the child's verbalizations. When the play therapist restates content, it is important to try and avoid simply parroting her or his exact words and intonations. The best restatements use the therapist's own words and inflections within the context of a vocabulary that the child can understand. The restatement of content should respond to the obvious message within the verbalization, and it should also acknowledge any nonverbal, covert messages within the verbalization.

Examples of restating content:

- The child says, "I am going to paint a picture." You might say, "So you decided that you want to paint."
- The child picks up a hammer and goes over to the log with the nails. She looks at you, seeming to ask permission, and says, "I am going to hammer these nails into the log." You could acknowledge both the verbal and nonverbal content by saying, "You look like you want to check with me to see if it's OK to hammer the nails into the log."
- A child who has been sexually abused points to his genital region and says, "The man at school touched my tootoo." A restatement of the content would be, "The man touched you there."

The play therapist restates content to demonstrate to the child that what the child says and how he or she says it are important and worthy of an adult's attention. Restatement of content lets the child know that the therapist is paying attention and has heard

what he or she was trying to communicate, on both a verbal and nonverbal level.

Many people do not pay close attention to children and their words or their nonverbals. By really listening to the child and letting her or him know that I have heard, I demonstrate that I am different from many of the other adults the child has encountered. This willingness to listen helps build the relationship with the child.

As with tracking, I restate content more in the first four or five sessions than I do in subsequent sessions. As time passes and I feel that the child has internalized the importance of our relationship, I reduce the number of times I track and restate content in the session.

The amount of time I spend tracking and restating content depends on the individual child. A child who has limited cognitive abilities or a child who thinks concretely may need continuing tangible demonstration that I believe he or she is important. A child who has strong cognitive abilities or a child who thinks on a abstract level may quickly process and internalize the message that our relationship is special. A child who has been abused or neglected may be afraid to believe that I value my relationship with him or her and may need continuous evidence that this is so. Different children have different needs. I try to tailor my approach and the ways I use various intervention tools to the personality of each individual child I see in play therapy.

Reflecting Feelings

One of the primary reasons for doing play therapy with children is their developmentally based inability to verbally articulate their feelings. Therefore, it is the responsibility of the play therapist to monitor clients' expression of feelings and to reflect those feelings. Children constantly express emotions both verbally and nonverbally. However, they frequently lack awareness of their own feelings, and they may have limited abilities to understand or explain their feelings. Play therapy is a venue that gives children a way to express and understand their feelings.

In order to be able to reflect the child's feelings, the counselor must constantly watch and listen. The child expresses emotions with body language and voice intonations. The counselor must be aware of all of these elements of the child's communication in order to accurately reflect emotions. Posture, proximity, gestures, and facial expressions are all important components of the child's body lan-

guage. Whether the child stands straight and proud or hunched and timid; whether she or he stands close to or far away from the counselor will communicate many things about how the child is feeling and how she or he views herself or himself, the world, and others. The tone and pitch of the voice, the speed of the speech, and the inflection of the sentences all convey affective information.

The child's play and verbalizations also provide data about feelings. The choice of toys and the order with which the child plays with the toys can tell the counselor much about what is happening in his or her life. How he or she plays with toys can add more information about how the child is feeling. Does the child pick up the doll and then throw it on the floor and stomp on it? Does he or she pick it up and rock it and sing to it? Does he or she put another doll on top of it and move it up and down? The counselor must also monitor the child's words. The child may express emotions verbally by either talking to the counselor about his or her feelings or by making random comments about feelings during the course of the play.

Although all of these factors are important components of children's affective expression, there is no set method for understanding the meaning of the various elements. All children have unique methods of expression. They may communicate differently with each of the people with whom they have a relationship or within each of the environments in which they have to function.

I want to learn how individual children are going to communicate with me, and I try to adapt my own communication so that they can understand the ideas I want to share with them. I try to spend the first several sessions observing and learning each child's particular way of expressing feelings. I make a lot of guesses about the child's feelings during the course of these initial sessions, and I watch how he or she reacts to each of my guesses. In this way, I determine how this child is going to express his or her emotions with me in this relationship.

Once the play therapist has gained an understanding of the child's unique method of expressing emotions, reflection of feelings is a very simple technique. All the therapist has to do is to make a statement about what he or she thinks the child is feeling.

Examples of reflections of feelings:

- "You look kind of angry when you hit that punching bag."
- "You sound very happy. It seems like you had a lot of fun at the zoo today."
- "You feel really sad because your dog died."

- "When your brother said that to you, you felt really mad. You were so mad that you wanted to hit him."

When reflecting children's feelings, the counselor should keep statements simple and clear. It is not necessary to give children an elaborate analysis of why they are feeling those particular feelings or try to convince them that they should not be having those feelings. It is not usually helpful to ask children how they feel. They will seldom have an answer to this question because they do not have that level of self-awareness or feeling vocabulary.

It is also not appropriate to use the phrase, "That makes you feel ...." One of the basic premises of Adlerian theory is the idea that a person's subjective interpretation of a situation will determine the reaction to the situation. Given this belief, no external force, person, or event can make a person feel an emotion. In play therapy, just as in counseling with adults, the counselor's job is to use language to help the client take responsibility for the client's emotions, attitudes, thoughts, and behaviors. The counselor can help the child to own her or his reactions and actions by carefully choosing the words used to reflect feelings.

Effective reflection of feelings requires using vocabulary that children can understand. Children who are 4-, 5-, and 6-year-olds usually think in terms of *sad*, *mad*, and *glad*. They tend to label all of their feelings with these words or with synonyms for these concepts. They seldom acknowledge other, more subtle, emotions. They do not usually relate to abstract concepts or feeling words that represent higher level emotional nuances, such as humiliated, ashamed, content, or distraught. For instance, a 4-year-old child whose mother spanked him in front of the other members of his preschool class may feel humiliated and ashamed, but he will not understand those concepts if the counselor articulates them for him. He will understand if the counselor says that he is sad or angry.

As children get older, they can understand more abstract feelings. With older children (7-, 8-, and 9-year-olds), the counselor can expand the vocabulary used to reflect feelings. However, if the counselor chooses to use a word that the child might not comprehend, it is important to monitor his or her reaction to the comments closely. This way the counselor can get an idea about whether the child understood the word.

Usually the surface feelings expressed in the play room are very obvious and simple. Josh, a 7-year-old boy, comes into the play room and says, "I got into a fight on the playground today.

Billy beat me up. Now I'm going to beat him up in here." Josh is obviously angry, and he wants to act out that anger in the play room. Part of the responsibility of the play therapist is to reflect those simple, surface feelings. Sometimes the surface feelings are the only emotions present in the situation.

Other times the child may be experiencing underlying, deeper feelings. The counselor must reflect those feelings as well. Josh may be feeling embarrassed that he got beaten up in front of the other children in his class. He may be feeling weak and afraid that this kind of thing will happen to him again. He could have a thousand other underlying feelings. I always consider what I know about the child and the way the child expresses feelings in order to try to make a guess about the deeper emotions. It is not necessary or desirable to reflect a deeper emotion every time the child expresses a feeling. However, I want to be alert to the possibility that the child is experiencing underlying feelings and be ready to reflect those if they exist.

When the play therapist reflects a feeling, he or she must observe the child's reaction to the reflection. The child always reacts to the reflection, but each child's reaction is unique. Watching the child carefully to be able to understand the communication involved in the child's reaction is a key element in this strategy. As the therapist gains clinical experience, it becomes easier to understand different children and their special forms of communication.

There are several patterns evident in children's reactions to reflections. If the child makes a verbal response, she or he may simply agree with the play therapist's comment. This usually means that the guess about the feeling was accurate, but that it did not particularly impact the child emotionally. She or he may disagree with the comment or correct the therapist's guess.

For example, I might say to Jill, an 8-year-old girl, "Seems like you're kind of afraid of that rat." She could say, "No. I'm not afraid of him. I just don't want him here. My mom says rats are dirty, and I don't like dirty stuff." This type of disagreement is rather matter-of-fact and usually means that my guess was inaccurate but not particularly significant to the child. When this happens, I try to use this as an opportunity to demonstrate the "courage to be imperfect" (Dreikurs & Soltz, 1964, p. 38). I will say something like, "Oh well. I made a mistake," or "Sorry I got that wrong. Thanks for helping me by telling me how you feel."

If the child disagrees with the play therapist's guess in a vehement manner, it could mean that the reflection was accurate but that the child does not want to deal with those feelings at this time.

For instance, when I make a guess that Jill is afraid of the rat, she might say, "You're so stupid. Of course I'm not afraid of that rat. I'm not afraid of anything." In this case, Jill seems to be overreacting to the comment. When this happens, I must use both my clinical judgment and knowledge about this particular child to decide whether the child seems to be overly reactive to the comment. Whenever the child has this type of reaction to one of my reflections of feelings, I make a guess about the feelings underneath the reaction and reflect them. I might say, "You seemed kind of angry when I said that you were afraid of the rat. You don't want me to think you're afraid of anything." To avoid getting into a power struggle over whether I was right, I might add, "Well, it's something to think about. Some people might be kind of afraid of rats."

A violent reaction could also mean that the play therapist's reflection was incorrect and that the child was hurt or angry about the inaccuracy. In that case, Jill might say something like, "You never get anything right. You just don't understand me. I'm not afraid of the rat. I was just pretending, and you can't tell the difference." Again, I will try to avoid getting into a power struggle with her about my accuracy or my intentions. I will simply reflect the feelings inherent in the child's response by saying something like, "Seems like your feelings were hurt because I didn't understand that you were just pretending to be afraid. You're feeling kind of angry with me for not getting that right."

Even when the child remains silent, there is usually some type of bodily or play response. The play therapist must be alert to subtle, nonverbal cues in order to understand these reactions.

I never ask the child for a reaction or insist that the child confirm or deny my guesses. I devote all my attention to the child's body language and play patterns to try to discern his or her recognition reflex. For example, Sam is facing me when I make a reflection of his feelings. As soon as I make the reflection, he turns his back toward me. I may have either made an accurate reflection that has upset the child in some way, or I have made an inaccurate reflection that the child is nonverbally rejecting. Sam may have also decided that he wanted something on the other side of the room and turned around to go and get it. It is important to avoid reading too much into every situation.

Answering Questions

Children in play therapy frequently ask the play therapist questions. Adlerians believe that children always have some pur-

pose in asking each of the questions they ask. They may just want to make contact with the counselor, they may want to test limits, they may want to explore the counselor's reactions, or they may have a hundred different goals. Before deciding how to answer children's questions, the counselor first needs to consider the purpose of the question.

O'Connor (1991) cited three main types of questions: practical, personal, and relationship. In a list of commonly asked questions, Landreth (1991) included several other types of questions that seem to fit into an additional category related to the ongoing process of play therapy.

Practical Questions

Practical questions are those that ask for factual, commonsense information. They can include frequently asked questions such as

- "Can I go the bathroom?"
- "Is it Friday or Saturday?"
- "How many more minutes do we have left?"
- "How do you open this jar?"
- "Do I come next week, or will we skip next week?"
- "How will I get back to my classroom?"
- "Is my mother still in the waiting room?"

Sometimes the child simply wants to know the answer to the question for the sake of the factual information. If this is the case, it is not really necessary for the counselor to make an elaborate guess or interpretation. Just answering the child's question with factual information is perfectly appropriate. Many times, however, even these apparently simple questions have an underlying message in them.

When I believe there is additional meaning, I make a guess about the child's purpose in asking the question. For example, when Jamie asks, "Can I go to the bathroom?" he may just have to go to the bathroom. If I think this is the case, I answer the question without further interaction. Jamie may be asking this question because he wants to know the rules in the play room about leaving the room. If I think this is the case, I may make a guess about this curiosity with a comment like, "You're kind of wondering if it is OK to leave the play room before our time is done." Depending on the child's response to this guess, I may either answer the original question or answer the underlying question the child is asking. Jamie may be unhappy in the play room or resis-

tant to some of my interpretations or interactions, and this question may be motivated by his desire to leave and escape the therapeutic process. If I think this is the case, I make a guess about his desire to leave or his feelings of unhappiness and resistance. The child's reaction to my interpretation of his or her purpose in asking the question determines my next action. If Jamie agrees that his purpose is escape, I may not want to give him permission to leave. If he asserts that he just wants to go to the bathroom, I usually honor his request in order to continue to establish the egalitarian nature of the relationship.

Another example is when Lois asks, "What time is it?" She could be worried that she is going to miss her favorite television show. She could have six more things she has planned to do in the play room and wants to know if she will have time to get to do all six of them. She could be bored or restless and want to leave, but she knows that you will not let her leave until the time is up. She could be thinking or feeling a thousand other things.

Personal Questions

Sometimes a child in play therapy will ask personal questions. For example:

- "Are you married?"
- "Do you have any children?"
- "How old are you?"
- "Where do you live?"

Most of the time, the purpose in asking personal questions is to make some kind of connection with the play therapist or to help lower the child's anxiety. Again, the most therapeutic course seems to be to interpret the child's purpose in asking the question and give a very brief, factual answer. Usually, when the therapist answers the question in a straightforward manner, without appearing threatened in any way, the answer satisfies the child's curiosity and need for contact and reassurance. Sometimes, however, a child persistently continues to ask invasive personal questions. O'Connor (1991) suggested that this may be an attempt to gain control of the session. If the therapist believes that the child's purpose in continuing to ask personal questions is to gain power, it is sometimes helpful to make a guess about his or her desire to control situations instead of directly dealing with his or her questions.

Relationship Questions

The third category is the relationship question. For example:

- "Do you like me?"
- "Do you play with other children like me?"
- "Can I come home to live with you?"
- "Do you like me better than the other kids who come here?"
- "If you could, would you adopt me?"
- "Do you wish I would come more often?"

These questions almost always have both a blatant meaning and a hidden message. The child uses relationship questions to determine the strength of the relationship and to protect herself or himself from investing more than the counselor has. The most important response to this type of question is to reflect the feelings that motivate the child to ask these questions and to make a guess about her or his purpose.

When a child asks, "Do you like me?" I respond with a comment such as "I am guessing that sometimes you are not sure if anyone cares about you, and you want me to let you know that I care for you." Sometimes it seems important to reassure the child in response to relationship questions, but most of the time, I choose not to answer this type of question directly. They tend to grow from the child's insecurity and feelings of unworthiness, and nothing I say in answer to the child's question is going to counteract those feelings of inferiority. I hope that the growing relationship between us and the child's increasing sense of competence and confidence will eventually fill that empty place within the child. Each counselor has to decide how to handle these questions on a case-by-case basis, depending on the child and the potential for the relationship.

Ongoing Process Questions

Landreth (1991, pp. 172-178) provided a list of questions commonly asked by children in play therapy. Several seem to relate to the ongoing process of play therapy. For example:

- "What is this?" (pointing to some object in the play room)
- "Do you know what I am going to do now?"
- "What should I do next?"
- "Can I hit the mirror with the dart gun?"
- "Why do you talk so funny?"
- "Will you get this to work for me?"
- "How should I play with this toy?"
- "What do you think I'm going to paint?"

Children's purpose in asking this type of question is usually to help them define the parameters of the process of play therapy and the boundaries of the relationship between them and the play therapist. Children may use questions to solicit help, to try to please the therapist, or to get the therapist to make decisions for them. They may be afraid of displeasing the therapist or breaking the play room rules. Based on these fears, their questions may be a strategy for keeping themselves safe. They may simply be afraid of taking risks and want the play therapist to eliminate the need for them to make choices or try new behaviors. They may also be trying to set up a game in which the therapist makes guesses about things that they are going to do or what they have on their mind. This can easily develop into a power struggle in which children constantly want to play some kind of guessing game that the therapist can never win and is not therapeutic.

In order to avoid the possibility of dependency or game playing and to encourage the child's growth, I choose not to answer this type of question. Instead of providing the answer to a process-oriented question, I make a statement that gives the responsibility and control back to the child (Landreth, n.d., 1991). For example, if Trey asks, "What is this?" I might answer, "You want me to tell you what that is. In here, you can decide what that is." or "It's kind of tough for you to choose what things are. It can be whatever you want it to be," or some other similar response. If Tessa asks, "What do you think I am going to paint?" I could answer, "Sometimes it's hard for you to decide what to do, but in here that is your decision," or "You like to know what you're going to do and try to get me to guess, but you're the only one who knows what you're going to do."

Taking Time to Think

No matter what kind of question the child asks, the counselor must give himself or herself time to think before making any kind of a response. Whether the counselor chooses to answer the question or not, the decision should be based on a conscious consideration of the possible hidden meaning in the child's question. Almost always, before the counselor gives any type of content-oriented answer to a question, he or she will want to make a guess or interpretation about the child's purpose in asking the question. It may also be appropriate to reflect the feelings that prompted the question, and the counselor may want to make a deeper level interpretation about the underlying meaning of the question. The answer flows from the counselor's intuitive sense of how the child

is feeling and thinking. Whatever the response to the child's questions, the counselor's ultimate goal is to continue to build the relationship with the child and help foster her or his self-understanding and self-esteem.

Asking the Child Questions

Sometimes asking questions is the best, most efficient way of getting the information that the counselor needs to build a relationship with the child and begin to understand the child's perspective. The questions should not come out of the clear blue sky. They should flow naturally from the conversation with the child or from the child's play. Any questions the counselor asks should relate to what is happening in the session rather than being artificially imposed based on the counselor's curiosity.

It is also important not to overwhelm the child with a series of questions that resemble a police interrogation. In order to control my own natural curiosity, I limit myself to four or five questions a session.

Types of Questions

Open-ended questions glean more information than closed-ended questions because they encourage the child to answer with more than just *yes* or *no*. The therapist should begin questions with how, what, when, and where and avoid questions that ask the child why. Why questions are the most common type of questions adults ask children. Many adults seem to feel that problems can only be solved after the child answers the age-old question, "Why did you do that?" Most of the time, children do not know the answer to this type of question, and even when they do, the answer does not particularly help the relationship grow or help the adult understand the child's motivation. Why questions are past oriented. They delve into the historical antecedents of a particular event. The Adlerian play therapist is involved in the present and the future, not the past.

When the Child Does Not Answer a Question

Under many circumstances, when an adult asks a child a question, the child may feel pressured to answer the question. If he or she does not answer, the adult may try to force an answer or may punish the child for not answering. In Adlerian play therapy, the child always has control over whether he or she chooses to answer the play therapist's questions. The child may decide not

to give a verbal answer to questions. This is the child's right. In an egalitarian relationship, either participant can choose whether to participate in the conversation or not. The therapist must accept the child's decision not to answer a question without making a judgment about the refusal.

I usually make one of three different types of responses when a child chooses not to answer one of my questions. I may not say anything at all. This simply lets the child not answer without interpretation. I may make a reflective kind of comment, such as, "You decided not to answer that question." This type of reply communicates my respect and my belief in the child's right to make this type of decision. I may also venture a tentative hypothesis about the child's purpose in not answering the question. Among possible purposes the child may have in ignoring the play therapist's questions are the following:

- The question may address a sensitive area that the child is not yet ready to explore with the play therapist.
- The child may choose not to answer because she or he wants to demonstrate that the play therapist does not have the power to force an answer.
- The child may choose not to answer because he or she has learned in his or her family that ignoring adults is a reliable way of keeping them involved with him or her.

Nonverbal Responses

Regardless of the type of response the counselor gets to a question, he or she must always watch children's facial expressions, body language, and play behavior, noticing any nonverbal reaction to the question. Even when children choose to ignore questions or give brief noncommittal answers, their behavior should communicate something about their reactions to the questions.

The child may make a face or flinch or have some other type of obvious recognition reflex. If this happens, I assume that I have hit some kind of nerve, that this question has touched upon a sensitive area in which the child may need some assistance eventually. If the child switches activities or accelerates the speed or level of behavior in the current activity, this may also indicate that the subject of my questions is an area that needs further exploration. If the child simply continues to play whatever he or she was playing when I asked the question, with minimal physical reaction, I usually believe that his or her ignoring of my question has little or no hidden significance. The child may be absorbed in

the play or the question may involve some topic in which he or she is not particularly interested.

Adlerian Play Therapy Questioning Strategies

One strategy for building the relationship is using questioning strategies to get to know the child. Almost all of the questions in Adlerian play therapy fit into one of two distinct catgerories: questions related to the presenting problem or ongoing events in the child's life and questions related to the exploration of the child's life-style.

Sometimes I ask children questions about how they are currently handling some particular aspect of the presenting problem. My purpose in asking this type of question is to let children know that what is happening in their lives is important to me, that I am concerned and involved in their lives both inside and outside the play room. I am always sure to ask these questions in a nonjudgmental, supportive way so that children do not think that I am just checking up on them or urging them to make progress on the presenting problem.

There are two ways of asking this type of question. One way is to ask a general, "How is it going with...?" question. For example:

- If Lucinda has a history of talking back to her teacher and we have been talking about different ways of handling that situation, I might ask, "How is it going with your teacher?"
- If Jeremy has a history of being teased on the bus, I could ask, "What's happening on the bus with the other kids lately?"
- If Jessica reports feeling troubled about being adopted, I might ask, "What thoughts have you had lately about being adopted?"

The second way is to ask a specific, "How could you change one particular aspect of...?" question. For example:

- If David's presenting problem is public masturbation and we have talked about private places he could masturbate, I might say, "Where are some other places at home where no one would see you if you wanted to touch your privates?"
- If Catalina's presenting problem is inappropriate expression of feelings and we have been working on ways of appropriately expressing feelings, I might ask, "How could you tell your mom that you're angry about that without getting into trouble?"

- If Myron's presenting problem is poor academic performance and Myron has told me that he is particularly struggling in spelling, I could ask, "How did your spelling test go this week?"

Whether to ask this type of question depends on several factors, including children's ages, their cognitive abilities, and their openness to talking about the presenting problem and how it affects their lives. Children under the age of 7 or 8 and children with limited cognitive abilities may not understand why they are coming to play therapy. If this is the case, the counselor may see no purpose in asking them questions about their progress outside the play room or their application of new behaviors learned in the play room to other situations. With these populations, it is usually best to rely on reports from parents, teachers, and other adults who come into contact with the children.

The other type of questions Adlerian play therapists ask further establish the relationship by exploring the child's life-style. Dinkmeyer and Dinkmeyer (1977) adapted the work of Dreikurs (1967) and Mosak (1971) in developing the Children's Life-Style Guide. I have further adapted this guide so that it is appropriate for use in play therapy. Life-style questions for children generally fit into four broad categories: family, school, social/friends, and general. A list of the kind of questions you can use in play therapy to build rapport and help you begin to understand the child and the child's life-style is in appendix D.

Some of the family questions assume that the child has siblings. If the client is an only child, the counselor usually simply changes the comparative questions into straight information-seeking questions. This involves replacing questions such as "Which of the kids is most like your dad?" with "How are you like your dad?"

It is important not to bring this long list of possible questions and ratings into the play room. The counselor should become familiar with the list outside the play room and be prepared to ask the questions that fit naturally into the flow of the interaction with the child.

Examples of how to blend questions into the normal communication patterns of the play therapy.

- As Lorinda is playing with the dolls in the dollhouse, she tells you that the big male doll is the daddy. By adapting some of the family questions and asking her to tell you about the daddy, you can use the metaphor of the doll family to solicit her observations about her own father.

- Timothy is playing in the kitchen area, and he tells you that he likes to help his mommy cook. You might explore his feelings about his mother by reflecting his feelings and saying, "Seems like you really like to do things with your mother." Then you could use this opportunity to ask a question, such as, "Which one of your parents are you most like—your mommy or your daddy?"
- Candace asks you if you want to play school. You could respond with any of several questions about her attitude and behavior in school, such as "What do you like best about school?" or "What would you like to change about school if you were in charge?"
- Christopher is telling you about a television show he saw during the week. You might use some of these questions to explore: "What did you like about that television show?" "What is your favorite television character?" "If you were the main character on that television show, what would you do to solve the problem?"

Limited to a maximum of four or five questions per session, it will take the counselor many, many sessions to ask the child all of the questions in this list. It is not essential to ask every single question. The counselor selects questions that help him or her better understand children's perceptions of how they fit into their families and their classes.

I try to get a general idea about what the child sees as her or his assets and liabilities. I also want to ask questions that deepen my understanding of the child's perception of the problem and how she or he wants life to be different. This helps me formulate my goals for the play therapy relationship.

Interacting Actively With the Child

Playing With the Child

One of the ways that the Adlerian play therapist builds the relationship with children is to interact with them actively. The therapist may play with children at their request or initiate the interaction. Children request that the therapist play with them for a variety of reasons. They may believe that (a) they are expected to play with the therapist, (b) the therapist will be more inclined to like them if they ask the therapist to play with them, or (c) they cannot make good decisions and they want the therapist to determine the direction of the play (Landreth, 1991). Children could

also be (a) looking for a way to emotionally connect with the therapist, (b) inviting the therapist to use toys and play as a way of communicating, (c) wanting a model for appropriate play behavior, or (d) wanting to demonstrate some kind of power over the therapist.

When a child requests that I play with him or her, I usually make a guess about the child's purpose in asking.

Examples of guesses about the child's purpose in asking me to play

- "It's hard for you to make up your mind what to do, so you think if you ask me to play with you that I will decide for you."
- "You'd really like to get to know me better, and you think if we play together that you and I will learn more about each other."
- "If we play this game, then you can tell me what to do."
- "You seem kind of down today, and you'd like to have me down on the floor and be closer to you."

When I believe that the child's purpose is manipulative or negative, I make a guess about his or her goal and then decline the invitation. When I do this, I state my position in a nonjudgmental way, using a phrase like, "I choose not to play right now." Then I always watch for the child's emotional reaction so I can be sure to reflect his or her feelings. If I believe that the child's purpose is positive, after I make my tentative hypothesis about his or her goal, I join the play.

Whenever the counselor chooses to play with a child, it is essential that the interaction be a continuation of the therapeutic process. When they are playing, the counselor needs to maintain a high level of therapeutic responses, including tracking, reflection of feeling, and encouragement. The counselor must never get so involved in the actual process of the game that he or she loses sight of the role as counselor. The play provides opportunities for the counselor to model appropriate behaviors, reframe negative situations, teach skills, and examine goals of behavior.

For example, Courtney, a child who thinks winning is so important that she is willing to cheat to guarantee her success, could benefit from the play situation therapeutically if the counselor (a) reflects her feelings of frustration and fear of failure, (b) makes guesses about her need to win and her need to control, (c) makes guesses about her self-image and how that is affected by success and failure, (d) models socially acceptable sportsmanship and game playing behavior, (e) encourages any appropriate behavior on her

part, (f) reframes mistakes and failure in terms of opportunities for learning, and (g) teaches her new interaction skills and alternative ways of playing the game without cheating. The counselor chooses the strategies he or she believes will be most helpful to the client and will continue to enhance their relationship.

It is helpful, whenever possible, to let children lead the play. I ask children what they want me to do next in order to insure that they feel that we are sharing the control of the interaction. If I forget to do this or the children do not like something I choose to do, I have faith in the strength of the relationship and their ability to let me know that they wish for the interaction to move in a different direction or they wish that I would consult them more often or give them more control.

Occasionally, I initiate playing with a child. When I do this, I usually have a special purpose in mind. I frequently use this type of interaction to explore different aspects of the child's life, such as her or his family atmosphere or attitude toward school. The best way to access this information may be through play rather than through asking the child direct questions. If I believe this to be the case, I set up a scenario or a game for us to play together. For example, I may have a suspicion that Erline is being abused but have no evidence to support my suspicion. I could ask Erline to play in the doll house with me. I will not lead the child or ask a lot of questions. We could just play in the doll house together, or I could set up a specific scenario and we could play. I could take control of the father doll and have him walk into the little girl's bedroom and see how Erline reacts. Another example is Cynthia who denies her parent's report that she is struggling in school. I might ask Cynthia to play school with me and watch how she reacts.

Role Play

Another method of actively interacting with the child that helps to build the therapeutic relationship and begin to explore the child's life-style is role play. Whenever possible, the play therapist should let the child lead the role play by using the *whisper technique* (G. Landreth, personal communication, 1985). In this strategy, the therapist uses three separate and distinct voices: his or her own regular voice, the character voice, and a whisper. It is best for the therapist to use his or her regular voice to track, reflect feelings, make interpretations, and generally make therapeutic comments about what is happening with the child. The counselor can use the character voice to say things in the character that the child has created for the role play. The counselor uses the

whisper voice to ask the child what to do or say next, allowing the child to control the direction of the role play. Using the whisper voice to ask the child for directions seems to distinguish between the counselor and the character.

An example of using the whisper technique in a role play with a child.

Brian: "Let's play that the mommy gets mad and spanks all the kids."

Counselor (*regular voice*): "You want to pretend that all the kids get spanked." (*whisper*): "Which one do you want me to be?"

Brian: "You be the mommy. I'm the kid, and I have the baby with me."

Counselor (*whisper*): "What do I do now?"

Brian: "You say, 'You are in big trouble now!'"

Counselor (*whisper*): "How should I look?"

Brian: "You look real mean, and you say it and you have the paddle."

Counselor (*in a mean character voice*): "I'm going to spank you and the baby. I have the paddle."

Brian (running away from me, holding the baby away from me): "Ohhhhhhh!"

Counselor (*regular voice*): "You sound scared. Looks like you are going to protect yourself and the baby from me, make sure you're both safe."

Brian (still holding the baby away from me): "I won't let you hurt us."

Counselor (*regular voice*): "It's important to you to keep yourself and the baby from getting hurt." (*whisper voice*): "What should I do now?"

Brian: "You chase me around the room and try to grab me and the baby"

Counselor (*whisper voice*): "Should I say anything?"

Brian: "No, you just scream."

Counselor (*chasing the child around the room—character voice*): "ARRRRRRGGG!"

Brian: "You can't get us!!!"

Counselor (*regular voice*): "You know how to take care of yourself and your baby both."

Brian: "Yup. You can't hurt us."

Counselor (*regular voice*): "You sound pretty proud that you know how to keep safe." (*whisper voice*): "What should I do now?"

Brian: "You say, 'I can't get these kids. They keep getting away.'"

Counselor (*character voice*): "I can't get that kid and the baby. They keep getting away. That kid knows how to keep them safe."

In this particular example, Brian ends the role play on a positive, encouraging note. He believes that he can protect himself and others. The counselor added several encouraging editorial comments during the course of the role play, such as "That kid knows how to keep them safe," in order to affirm his feeling of strength and his ability to take care of himself.

Other children may not have such optimistic resolutions to their fantasies. This is perfectly natural. Most children who come to play therapy do not have healthy self-concepts or accurate perceptions of their own assets. Role playing with another person, regardless of whether children choose to play out an event with a positive or negative resolution, may help them gain a better understanding of themselves and others. As children direct role plays, they can explore different options and alternative behaviors for themselves. This is why many play therapists frequently encourage children to control the direction of the role play and the actions and words of the characters.

Cleaning the Room Together

Part of the process of establishing the egalitarian nature of the relationship in Adlerian play therapy is cleaning the room together with the child. I want to let the child know that we have a working partnership in which both of us are responsible for our actions. We work as a team to straighten the room together, in a collaboration that the child controls. The child is in charge of determining how the team goes about the task—who does what and the order in which we tackle each task. In my experience, cleaning the room together does not inhibit most children from expressing their thoughts and feelings in the play room. Children who need to make a mess or throw all of the toys on the floor do so, regardless of the fact that they know we are going to clean up the room together at the end of the session.

How to Set Up the Cleaning Team

If the counselor decides that cleaning the room together is important, establishing the routine is very simple. Ten minutes

before the end of the session, the counselor tells the child, "There are 5 more minutes before it's time for us to clean up together." Five minutes before the end of the session, the counselor stands up and says to the child, "OK. It's time for us to clean up the room together. What do you want me to do/put away? What are you going to do/put away?" These announcements and any discussion about the cleaning are articulated in the counselor's usual matter-of-fact voice, without any badgering or judgment in the tone of voice or body language. It must be clear that the cleaning is not a punishment or a reflection of the counselor's own need for neatness but rather an exercise in cooperation and shared responsibility.

By putting the child in charge of the assignment of tasks and the pacing of the cleaning procedure, the counselor can usually engage his or her interest in the process. This avoids potential power struggles that might ensue if the counselor is more directive and controlling. This technique communicates the counselor's interest in sharing the responsibility for the progress of the therapy and the growth of the relationship with the child. It also establishes that the child has a certain amount of power and control in this situation.

If children get distracted, I remind them that they chose to pick up the objects they are picking up. I usually try to reflect their feelings and make a guess about their purposes in not following through with the task they assigned themselves. They may be trying to extend their time in the play room; they may be trying to avoid doing their share of the cleaning and hoping that I will take over their responsibilities; they may be wanting me to take care of them. Based on children's behavior in the past, their present behaviors, and their nonverbal communication, I usually have a relatively good guess about their purposes. Then I give them the opportunity to reconsider and to reassign the tasks. Again, during this process, I am careful not to use a punitive or judgmental tone of voice or body language. I want to communicate the spirit of cooperation in both my verbal and nonverbal messages.

When I have a child who dawdles or gets easily distracted, I try to make the cleaning up into a game. I may challenge the child to see if he or she can pick up the assigned objects before I can pick up mine or I may challenge him or her to pick the objects up faster this week than last week, offering to time him or her so we can see which time is faster. There are many creative ways of engaging the child in a positive manner, so that cleaning the room together does not become a power struggle or a disagreeable chore.

When the Child Refuses to Help Clean the Play Room

When I am not able to avoid the power struggle and a child absolutely refuses to collaborate on the room cleaning, I believe in giving choices. I try the least restrictive choice first, by saying to the child, "You can choose to clean up the room together or you can choose not to play with the _____ (whatever object the child is not picking up at that point) next session." This is based on the premise that the child has not completely trashed the room and that it is possible to delete whatever objects he or she decides not to pick up from the repertoire of available options during the next session. If the child has taken most of the toys off the shelves or simply refuses to work with me at all on the clean-up process, then I give the big-guns choice. I say something like, "You can choose to help in the clean-up process, or you can choose to be in a different room without all the toys next week." When the child chooses this option, I always try to reflect whatever feelings he or she is expressing and make guesses about the purpose of the behavior.

A child who chooses this option is usually testing the limits of the relationship and whether the play therapist will be consistent and calm. It is essential to maintain a pleasant, matter-of-fact demeanor and a nonjudgmental, untroubled tone of voice when giving the child these choices. The counselor must not have a vested interest in the child's choice. In order to avoid getting drawn into power struggles and to convey the egalitarian spirit of the relationship, either choice must be perfectly acceptable to the counselor. If the child makes the decision not to clean up the room, the counselor must not show that he or she takes this choice personally or negatively.

On the occasions when a client chooses the big-guns option, the counselor may wish to have the next session in an alternative, empty room or hang a sheet in front of the shelves. I bring in one game of chance or some art materials and tell the child, "You chose not to have all of the toys this week, so I chose which toys to use this week in our session." I seldom have a child who chooses this option more than once.

With children who choose this option repeatedly, the counselor should look very closely at the purpose of the child's behavior. Most of the time, these children have a massive need for power, or they exhibit many of the symptoms of Attention-Deficit/Hyperactivity Disorder (ADHD). With the power-needy children, the counselor should reconsider using cleaning the room as a relationship-enhancing strategy. With the ADHD children, the coun-

selor might want to consider moving the play sessions to a smaller room with less stimulation and fewer toys.

Exceptions

Cleaning the play room together is not an absolute rule in Adlerian play therapy. There are some children who come to play therapy exhibiting signs of rigidity and compulsive behavior. These children are too tight (Kissel, 1990) and need help feeling freer. Tight children usually automatically clean up after themselves and spend a great deal of their energy making sure that things do not get out of control. When I work with this type of child, I try to loosen them up. Tight children tend to believe that they must continue to be tight to be loved and accepted by others. This may truly be the message sent in their families, or it may be one of their mistaken beliefs. However, regardless of the origin of their tightness, I do not want to send them a message they can construe as recommending continued rigidity and compulsivity. Cleaning the room together may be one message that they could interpret as telling them that they need to persist in their pursuit of tightness. In order to loosen these children up, I repeatedly reassure them that they do not have to tidy the room. However, in order to make up for the absence of this type of team-building experience, I usually have to work harder with tight children to establish a partnership in which we both work together for their benefit.

The counselor may also work with other types of children for whom collaboratively cleaning the room will not serve to deepen the relationship. For instance, I will not ask James, a child engaged in a perpetual power struggle with his parents about cleaning his room, to help pick up the room. Such a request will sabotage the relationship from the start. As an Adlerian play therapist, I always consider each child as an individual, with unique perceptions and problems. I try to tailor my intervention to each individual child based on my understanding of his or her particular life-style and needs.

Summary

The first phase of Adlerian play therapy, building an egalitarian relationship, begins when the counselor meets the child and continues throughout their interaction. In the initial sessions, the counselor begins to establish rapport by asking the child what he or she thinks about coming to play therapy and demystifying the

process by explaining about logistics, parent and teacher consultation, and confidentiality. The counselor uses skills like tracking, restating content, reflecting feelings, answering questions, asking questions, interacting actively with the child, and cleaning the play room together to continue to establish rapport and deepen the connection with the child. Encouraging, setting limits, and understanding goals of discouraged children are also elements in the evolution of the relationship between the counselor and the child. These skills are discussed in chapters 6, 7, and 8.

CHAPTER 6

ENCOURAGING

Adlerians believe that people who come to counseling because they are experiencing difficulties dealing with life's problems are discouraged. One of the most important strategies in working with clients from an Adlerian perspective is the use of encouragement.

> Encouragement involves a kind of nonverbal attitude, which is transmitted to the client in an atmosphere of esteem and assurance of his [or her] worth and ability...It implies that the client is provided with an experience of doing or creating something with his [or her] own strength and ability, and can be imbued with the feeling that he [or she] can deal with problems on his [or her] own. Encouragement is specifically utilized to assist the discouraged individual who feels inferior to others and has little confidence in himself [or herself] and life. (Nikelly & Dinkmeyer, 1971, p. 97)

The Adlerian play therapist consistently uses encouragement throughout all four phases of the play therapy process. Encouragement is especially important in building the relationship with the child and in helping to reorient and reeducate the child. It is also an essential tool in the process of gathering information about the child's life-style and helping the child to gain insight into his or her life-style. Encouragement is a key component in parent and teacher consultation. As the parent(s) begin to see themselves

and their child differently and try Adlerian parenting strategies, the therapist can encourage them to continue to integrate their new attitudes and behaviors into their relationship with their child. The therapist can also encourage teachers to be consistent in applying Adlerian techniques for understanding and interacting with children.

The basic premises of the encouragement process are the same no matter what the setting or context (Dinkmeyer, Dinkmeyer, & Sperry, 1987; Sweeney, 1989). To encourage a person, the counselor must

- convey unconditional acceptance. Place value on the person as he or she is, without wanting, needing, or expecting any changes.
- show faith in the person's abilities. Recognize current achievement and give the person credit for progress.
- give recognition for effort.
- focus on strengths and assets.
- emphasize the deed and the joy of doing, not the doer.
- give credit for the good part of what was done, and ignore the parts that do not come up to standards.
- show involvement in the person's interests.
- let the person know that sometimes you make mistakes too. Model the courage to be imperfect.
- help the person realize he or she can learn from mistakes and that mistakes do not have to be negative or devastating.
- make sure the person discovers a positive way to gain significance.

Unconditional Acceptance

A creative Adlerian play therapist can use all of these principles to encourage children in play therapy. In any play therapy relationship, it is essential to convey unconditional positive regard for all children. The therapist must value children as they are right at that moment. If the therapist believes that children are good and worthwhile and conveys that faith to them, they are more likely to act as if they have all the attributes the counselor sees in them. When the relationship in the play room begins, the therapist must suspend any judgments based on children's history or past relationships. It is essential to convey a sense of acceptance and warmth to children. The play therapist must limit and impose standards of acceptable behavior for the play room, at

the same time communicating that he or she values children, regardless of their human imperfections and/or inappropriate behaviors.

Show Faith in the Child's Abilities

The counselor must show faith in the child's ability to cope with life. If the counselor conveys a belief that the child has the capacity to overcome challenges and solve problems, the child is more likely to believe in himself or herself. The counselor's respect and belief helps inspire the development of self-respect and self-confidence. It is important to show excitement when the child reports a victory—whether it is large or small. Even a comment about some small useful act or contribution may have great importance to the child.

Examples of this type of encouragement:

- "You figured that out for yourself."
- "You look really proud of yourself. Seems like you think you're pretty good at that."
- "You can do that."
- "You can decide how to do that."
- "Wow—you did it!! You look pretty excited about the way you got that to work."

When I encourage a child to do a certain task, I want to be sure that he or she is capable of that particular accomplishment. Adults frequently insist that a child can do something "if only he would try harder." If the child is not capable in that particular area, this pressure to achieve is discouraging, rather than encouraging, to the child.

The play therapist should always look for improvement in children's abilities. Children need to hear encouraging words every time they make progress or try something they have been unwilling to attempt previously. It is important to watch carefully for signs of positive change and comment on them, no matter how small the improvement. This conveys the belief that children can grow and change.

Examples of this type of encouragement:

- "You are learning how to get that holster buckled. Last week you had trouble getting it hooked, and this week you did it without any problem."
- "You are getting better and better at stacking those blocks. You've got them just the way you want them this time."

- "It looks like you're disappointed that the line isn't exactly straight, but you have that row a little straighter this time than you did the last time. You keep getting it closer and closer to the way you want it."

Recognize the Effort

Many times children only get noticed when they are totally successful in an endeavor. They may not attempt to do new things because they are afraid that they might make mistakes or fail. They may only do things they are absolutely sure they can do flawlessly. Sometimes children get so discouraged by this that they stop trying to do new things. In play therapy sessions, the counselor needs to notice when children make an effort to do something, especially something they believe they are not able to do successfully. By noticing their efforts, the counselor acknowledges that making an attempt, especially when they are not guaranteed success, is important and worthy of respect.

Examples of giving recognition for effort:

- "You thought you couldn't do that, and you tried anyway."
- "You're really trying to fill that strainer with the sand. You're working very hard on that."
- "You look a little disappointed that you didn't get the lines as straight as you wanted them to be. Sometimes things don't turn out exactly like you want them to. You sure tried hard at that."

When acknowledging the child's effort, I try to reflect her or his feelings. It is important to point out any disappointment or anxiety I detect in the child. I want to communicate that effort is just as (or maybe even more) important than achievement. As I comment on the child's behavior and feelings, I avoid using the word *but* in my comments. The word *but* in a sentence (e.g. "You didn't succeed, but you tried very hard") seems to imply that an attempt does not quite measure up. Such comments sound like consolation rather than encouragement.

Focus on Strengths and Assets

Part of the process of encouragement in Adlerian play therapy is focusing on strengths and assets. Many of the children referred for play therapy are not aware of their own assets. The counselor asks children during the first several sessions to talk about some-

thing that they do well and something that other people like about them. Many children say that they do not know of anything they do well and they do not know of anyone who likes them.

I believe every child has something that he or she does well. When the child does not believe he or she has something that he or she does well, it may be due to the fact that he or she has not gained positive significance in his or her family. Sometimes the child's assets have gone unnoticed in the family because of other factors, such as a death in the family or a divorce that precludes the awareness or acknowledgement of the child's strengths. For example, I worked with Jane, an 8-year-old who demonstrated mature and responsible behavior, making dinner several nights a week and getting excellent grades in school. Jane's mother drank excessively, and her father worked all the time because he did not know how to cope with his wife's drinking. Jane's teacher referred her to play therapy because she was quiet and withdrawn. Jane's parents seemed surprised that her teacher expressed concern. They were so absorbed in their own problems that they had not noticed or acknowledged the ways she was contributing to the family, her many strengths, or her increasing distress and withdrawal.

Sometimes the child's assets have gone unnoticed in the family because the family values do not assign any particular merit to them. For example, I worked with Donny, a 7-year-old boy who had excellent social skills and many friends and admirers but weak academic skills and relatively low intellectual functioning. The values in Donny's family required that all members of the family have high academic achievement and high intellectual functioning. Donny's parents did not believe that wonderful social skills and popularity were valuable assets. They constantly chastised him for not doing well in school and not trying hard enough, without ever noticing that everyone in their neighborhood and in Donny's school thought he was a wonderful little boy.

Sometimes the child's assets have gone unnoticed in the family because the child has decided that she or he can not gain significance in the family by making a useful, positive contribution, and she or he creatively constructs a negative method of gaining significance. For example, I worked with Marie, a 6-year-old girl with three perfect older siblings. Marie's parents reported that their oldest child was the smart one, their next oldest child was the athletic one, and their next oldest child was the popular one. Marie was the designated bad one. They had not noticed that Marie was also intelligent, coordinated, knowledgeable about social rules and

interactions, and incredibly creative in thinking of ways to get negative attention in the form of punishment.

In Adlerian play therapy, the focus on strengths and assets is twofold. The play therapist encourages the child by pointing out his or her assets in the session and encourages the parents by reframing the child's behavior in the parent consultation sessions. The therapist starts this process by examining the child's personality and behavior and determining what his or her strengths are. It may be necessary for the therapist to change his or her perspective to be able to look at the child's personality and behavior to find something that the child does well—even if it is something not usually considered to be a strength, such as being wonderful at irritating authority figures or having a wide-ranging vocabulary of curse words.

When the counselor has discovered this treasure trove of resources, he or she begins to make comments about the child's strengths in the play therapy sessions. It is essential to point out positive personality characteristics and useful acts or contributions the child makes. Initially the counselor uses concrete examples of actions and interactions from the play therapy session. Eventually the counselor may want to make more generalizing comments about how those attributes and behaviors are probably transferring to situations and relationships outside the play room.

The key component in encouragement involves continuously focusing on the child and his or her feeling of accomplishment and pride about whatever the asset is. Sometimes the child does not recognize that particular trait or act as a strength and may not show positive emotions. The counselor can reflect feelings of pride or a sense of accomplishment even if there is no obvious evidence of these positive emotions. This attitude serves to indicate to the child that he or she might want to consider feeling good about that particular characteristic or behavior.

Examples of encouraging the child to become aware of his or her own assets:

- "You know how to figure out how to work things."
- "Once you decide you're going to do something, you sure don't give up very easily."
- "You look really proud of yourself for building that tower."
- "Wow! Seems like you know exactly what you want to do in the sandbox. You look pretty sure of yourself. I bet you usually know what you want to do when you decide to do something."

After I have formulated an idea about some of the child's strengths, I want to extend the power of encouragement by sharing my discoveries with her or his parent(s). Most of the time, a child who comes to play therapy is going to have some sort of negative manifestation of her or his life-style. The box of her or his life-style is going to be something that is causing a problem for the child, for other members of the family, or for the school. One way the play therapist can help is to redefine the child for the parent(s). As the therapist consults with the parent(s), he or she begins to point out discrepancies between the child's behavior and the way the child and family have defined the child. This may involve unacknowledged strengths or unadmitted flaws in the child. At first, some parents are resistant to this process. Family members are usually convinced that the child belongs in the box and do not want to think of her or him in a different light.

In order to avoid getting into a power struggle with them on this issue, the counselor initially may choose to agree with the parent(s) that the child is demonstrating some of the attributes that are the component parts of the box. As time passes and the relationship grows, the counselor can begin to insert some positive attributes or contradictory factors to the list of traits attributed to the child.

For example, I once worked with Joan, an 8-year-old girl who always looked unkempt and refused to let anyone brush her hair. Joan's box was that she was a messy, uncontrollable child who refused to obey her parents. Joan's parents were both extremely tidy people who never had a hair out of place. Her behavior upset them considerably. I began by acknowledging that Joan was choosing to be kind of messy. Then I began to redefine her behavior as being creative and ingenious by talking about the interesting ways she chose to wear her hair and how intelligent and imaginative she was being to create some of the styles she wore. This method did not completely negate the box that Joan's parents saw around her, but it did add a new dimension to the way they viewed her.

Emphasize the Deed, Not the Doer

Another technique for encouraging children in play therapy is to focus on the deed and the joy of doing rather than on the doer. This strategy allows the counselor to pay attention to positive actions and avoid making value judgments about children. Many people use phrases such as "What a good painter you are!" or "You're such a good little helper!" or "You're a real spoiled brat!"

or "You poured all that water into the sand. You're really a messy kid." These comments imply that children have no inherent value apart from their behavior, that their value depends on what they do rather than on who they are. In play therapy, the therapist wants to convey caring to children, regardless of their behavior. One way to do this is to separate children from their behavior. The play therapist simply makes comments about children's behavior without making any kind of judgment about how the behavior reflects on their worth. By emphasizing children's sense of accomplishment and joy in doing things, the therapist can encourage them to continue to try useful behaviors.

Examples of focusing on the deed and not the doer:

- "Wow! You painted a picture. You look like that was fun for you."
- "You picked up all the soldiers and put them away. You look like you feel proud of yourself."
- "It seems as if you have fun pouring the water into the sand."
- "You really like shooting at me and at yourself in the mirror."

Focus on the Positive

When children's behavior has both positive and negative components, it is much more helpful to them if the counselor can give them credit for the good parts of their behavior and ignore the bad parts of their behavior. Many times, parents and teachers focus exclusively on the negative aspects of children's activities without ever acknowledging the positive aspects. Frequently parents and teachers make comments such as "Only 97% ? How did you mess that up?" or "You missed 5 of the first 10 balls that came onto your side of the field. How could you let that happen?" or "You were fidgety the last 10 minutes of the movie. Why are you always so inconsiderate?" One way to encourage children in play therapy is to focus on the positive parts of their behavior, catching them when they are behaving appropriately or pointing out the appropriate parts of what they are doing.

Examples of giving credit for the useful parts of children's behavior and ignoring the useless parts of the children's behavior:

- When Leslie misses the target 10 times but hits it 6 times: "You got the target 6 times. Wow!"
- When Racquel threatens to smash fragile items in the play room with the hammer but hits sturdy items instead: "You

thought of two different things you could hit with the hammer that wouldn't be broken if you hit them."

- When the play therapist sets a limit about pouring water into the sandbox, Amanda continues to pour some of the water in the sand but pours the rest into the sink: "You decided to pour the rest of the water into the sink."
- "You got a 97% on your homework? I bet you're pretty proud of such a high grade."

In addition to focusing on the positive part of the behavior, I frequently acknowledge the child's feelings about or purpose in the negative part of the behavior. I briefly mention the purpose of the behavior or his or her feelings while putting the bulk of my attention on the positive aspect of the action.

Demonstrate Involvement in the Child's Interests

Another way of encouraging a child is to show involvement in her or his concerns. The child may be interested in dragons, baseball, the circus, constellations, or any number of topics. The child usually wants to discuss these interests with the important adults in her or his life. Many adults seem to be unwilling to take the time to listen to a child about the things she or he thinks are important—her or his activities and fantasies. By conveying involvement in the child's excitement about her or his interests, the counselor can encourage the child to feel good about herself or himself and the things she or he values.

Examples of showing involvement in the child's interests:

- "How did your soccer game go last week?"
- "I see that you brought a picture of a dinosaur to the play room today. It seems like you know a lot about dinosaurs."
- "You got a new kitten! You sound really excited about it. Do you want to tell me about him?"
- "What's the best thing about playing catcher? What's the hardest thing?"

This particular form of encouragement is easy to accomplish. All the counselor has to do is to show a willingness to ask about certain topics, listen, and ask questions at appropriate intervals. Having the undivided attention of an adult about something that is important to them helps children gain confidence in themselves and their worth.

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Model the Courage to Be Imperfect

One of the most empowering encouraging remarks an adult can make to a child is an acknowledgement of a personal mistake. By modeling the "courage to be imperfect" (Dreikurs & Soltz, 1964, p. 38), the play therapist can send a powerful message that it is OK to make a mistake, not to be right all of the time. This is a very freeing experience for the child.

Examples of the courage to be imperfect as a tool for encouraging a child in the play room:

- "I forgot to turn on the light. Thank you for turning it on for us."
- "Oops! I said something silly. That didn't make any sense."
- "I got a different marker. I wanted a green one, but I picked up a blue one."
- "I'm sorry. I goofed that up. I will do it differently the next time we play this game."
- "When we were playing catch, my throw went wild. I am really sorry the ball hit you."

Sometimes I purposely make mistakes so that I can model this behavior. I usually try to make my mistake something small and easily correctable, like the color of a crayon or using the wrong token if we are playing a game. I want to convey to the child that I can make mistakes, fix them, and learn from my mistake—that it is acceptable to be less than perfect. If I accidentally make a mistake that might hurt the child or a mistake that is relatively large, I always apologize to the child. When this happens, the child is invariably shocked that an adult would apologize to him or her. As an Adlerian play therapist, it is essential to do this because it is a key component in showing respect and building an egalitarian relationship.

Learn From Mistakes

The play therapist can use the child's own mistakes to encourage her or him. Many times a child gets very upset about making a mistake or accidentally breaking or spilling something in the play room. The therapist can help the child realize that it may be within her or his power to correct the mistake and help her or him determine ways of rectifying the situation. This process can help the child learn from each mistake and decide if she or he wants to act differently in the future. It can also help the child learn to evalu-

ate realistically any harm that could result from accidents.

Examples of ways to use a child's error or accidents to encourage and empower:

- "You look like you're really sad because you used blue paint when you really wanted to use red paint. How could you fix it so it would be the way you want it to be?"
- "You sound angry because you lost the game when you put the X there. What could you do differently the next time, so you have a better chance of winning?"
- "You look kind of scared that something bad might happen to you because you spilled the paint. Accidents happen in the play room sometimes. What is the worst thing that can happen if you spill some paint like that?"

When I am trying to help a child realize that he or she can learn from his or her own mistakes and that errors in judgment or accidents do not have to be negative or devastating, I first focus on how the child is feeling about the mistake. It is helpful to use incidents in which the child seems to be feeling bad about the experience. The child may believe that there is nothing wrong with the current situation. In that case, the old saying "If it ain't broke, don't fix it" applies to working with children and play therapy, so I do not intervene unless the child has a negative reaction. If the child does seem to feel bad, I reflect the feeling. Then I make a nonjudgmental observation about the facts of the mistake. It is important to be careful to avoid emotional language and negative labeling. I sometimes make a comment that all of us human beings make mistakes at some point in our lives or mention that children frequently have accidents or make mistakes in play therapy.

During the reorientation/reeducation phase of counseling, the counselor might want to ask the child a question like "What can you learn from this?" or "How might you do things differently the next time?" to indicate that making a mistake does not do permanent damage and to help the child actively learn from the experience. The counselor may even use the predicament to generate some brainstorming and problem solving so that the child realizes that there are many possible alternative reactions and future behaviors.

Generate Positive Ways for the Child to Belong

Adlerians believe that all human beings need to belong. If they can not find positive ways to gain significance, children will

find negative ways to gain significance. A play therapist has several ways to help children belong in a useful way. One method to encourage children is to help them discover ways they can stand out in a positive way in their families or in school. The therapist can do this by focusing on assets observed in the play room and suggesting ways that children can optimize those strengths at home and in their classrooms.

Another method of encouraging a child is to put him or her in the role of an expert about something that I want to learn. I ask the child for help or instructions on how to successfully execute some type of activity. I must, of course, choose an activity in which the child feels he or she has some level of expertise and in which I feel that I lack expertise. (Because there are many things I know nothing about, this is not usually a problem for me!) A key to this technique is to avoid faking ineptitude because the child will recognize insincerity, and this defeats the entire purpose. I only ask the child for help when I genuinely want and need it.

Examples of asking the child for help:

- "I don't understand the directions to this game. You say that you've played it before. Can you tell me how it is played?"
- "I'm not very experienced at chess. Could you give me a suggestion for my next move?"
- "I know that you know a lot about television shows, and I don't usually watch television. What is a good one to watch on Saturday morning?"
- "I can't get this cash register to work. Can you give me a hand?"

The counselor may decide to have the child come to some sessions with several other children. This is a way for the counselor to encourage the child to use the assets she or he has exhibited in one-to-one sessions—but with other children instead of with an attentive and caring adult. If the counselor is working with a group in play therapy, it might be helpful to structure some of the group activities to showcase each client's strengths and allow her or him to experience a positive way to gain significance in a group while the child also has continued therapeutic support and encouragement.

Examples of ways to encourage a child to find positive ways of belonging to a group:

- "When we are in the play room, I notice you always smile at me. I wonder what might happen if you picked out one

person in your class who you wanted to be friends with and smiled at him?"

- "You really know how to fix things in the play room. I bet you could figure out something that you could fix like that at home."
- "When we are in the play room by ourselves, you throw the ball really high. Can you show the other kids how high you can throw that ball?"
- Talking to parents: "Heather has gotten a lot of practice at taking turns in the play room. I would like you to play *Old Maid* or *Go Fish* with her every night this week. Let her go first and then take turns. Encourage her whenever she remembers to let you have your turn."
- Talking to a teacher: "Bill is feeling very proud of his drawings lately. The next several times he draws a picture, could you be sure to encourage this participation—and perhaps even hang his pictures on the bulletin board?"

Application to Parents and Teachers

All of these encouragement techniques will also work when applied to parent and teacher consultations. Adults want to belong and gain significance just as children do, and they want to succeed in their interactions with the children in their lives. While consulting with parents and teachers, the Adlerian play therapist uses the same methods to encourage them for the efforts they are expending and the changes they are effecting. This will help them to prevent discouragement and backsliding into old, ineffective, but familiar and comfortable parenting and teaching habits.

Summary

Encouragement is a key intervention strategy throughout the process of Adlerian play therapy. The counselor can encourage children, parents, and teachers by demonstrating unconditional acceptance, showing faith in their abilities, recognizing their efforts, focusing on their strengths and assets, emphasizing the deed not the doer, focusing on the positive, demonstrating involvement in their interests, modeling the courage to be imperfect, helping them learn from their mistakes, and generating positive ways for them to belong.

CHAPTER 7

SETTING LIMITS

Setting limits is an essential component in establishing the relationship with children in play therapy (Bixler, 1949; Ginott, 1959; Landreth, 1991; Moustakas, 1953). In Adlerian play therapy, the therapist encourages children to express any of their feelings, wishes, thoughts, or fantasies—no matter the content. The therapist limits direct acting out of harmful behavior and helps children to generate alternative methods of expression. Having clear and consistent limits in the play session helps the therapist to communicate a sense of safety and security to children. It also helps ground the therapy in reality: in real life, there are rules, boundaries, and limits. Admittedly, the situation in the play session should not always correspond directly to the real world. However, interactions in play therapy need to have some groundedness in reality so that children can generalize the insights and skills they acquire in the play room to the rest of their lives.

The aim of Adlerian limit setting is to enhance children's self-control and to teach them that they have the ability to consider alternative behaviors and to redirect their own inappropriate behaviors. Because children actively participate in the process, they begin to develop a sense of responsibility for adhering to limits and consequences. In Adlerian play therapy, the counselor can use limit setting to diminish power struggles and enhance the relationship with children.

What to Limit

The basic rules in Adlerian play therapy are essentially the same as those in nondirective play therapy: (a) the time in the session has a limit; (b) toys stay in the play room; (c) the child is not to damage the toys or other materials; and (d) the child is not to harm the therapist, herself or himself, or other children in the play room (Ginott, 1959). These limits are absolute limits (Bixler, 1949). They are not negotiable because they protect people and property from harm and anchor the therapy to reality. The child does not have an active voice in deciding on these limits.

There are, however, some relative limits in play sessions (Bixler, 1949). The child can have an active role in redirecting her or his own behavior when the therapist sets this type of limit. Activities such as putting water in the sandbox, using the hammer, throwing objects, jumping on the punching bag, and finger painting are all behaviors that the play therapist may want to limit, depending on his or her comfort level with these activities. The child can help to set the boundaries on these types of behaviors. For most therapists, it is perfectly acceptable for the child to put 2 containers of water into the sandbox, but it will not be acceptable for the child to put 12 containers of water into the sandbox. Most therapists have no problem with the child shooting the dart gun, but few of them wish to be hit by the darts. This type of limit provides room for allowing the child to participate actively in rule making and limit setting as well as in generating appropriate behaviors and redirecting behavior.

When to Limit

Most counselors agree that the best time to limit a child's behavior is immediately before the child does something that needs to be limited (Bixler, 1949; Ginott, 1959; Landreth, 1991). There seems to be little practical or therapeutic benefit from confronting the child with a list of the limits and rules at the beginning of the play therapy. The counselor could not possibly think of all of the behaviors that might need to be limited, and a partial list will simply serve to confuse the child. A list of prohibited behaviors could be an invitation to engage in a series of power struggles. The child can generate enough inappropriate behaviors without getting any help from the counselor.

The primary skills for timing limit setting are the ability to watch and interpret the child's nonverbal cues and anticipate the

child's behavior. Most of the time, if the child is about to do something that he or she knows might not be acceptable, he or she will telegraph this nonverbally. For example, Zack may look at the counselor, look at the mirror, look at the dart gun, look at the counselor, and raise the dart gun to point it at the mirror. About the time he begins to raise the dart gun to point it at the mirror, the counselor should begin stating the limit. If the counselor misses the prebehavior signals or is working with a child who does things impulsively or without warning, the counselor needs to be quick about limiting as the behavior starts. This might even be a good time to model the courage to be imperfect, by saying, "I didn't talk fast enough to tell you before you shot that time, but I want you to know that it's against the play room rules to shoot the mirror."

How to Limit

In setting limits, the Adlerian play therapist must stay calm and matter-of-fact to convey confidence in the child's willingness and ability to abide by limits. In order to communicate that the counselor believes that the child will follow the rules and demonstrate self-control, it is important to sit in the usual relaxed, comfortable posture—facing the child without frowning or grimacing. The therapist's voice should remain at its normal pitch, speed, and intonation, not getting shriller, faster, or louder.

Many play therapists find limit setting to be personally stressful. This stress is manifested in various ways, such as frowning severely, talking in a teacher voice, and saying the child's name more often than normal. Different factors can influence this tension. It could be a reflection of the therapist's anxiety about what will happen if the child chooses not to abide by the rules. The therapist could have a need to control the child or to control the process of play therapy.

Regardless of the cause, many times this personal tension results in therapists unconsciously altering their voices and body language. Play therapists need to monitor their stress level when they limit and to listen to themselves when they limit to avoid this tendency. It is important to examine what the tension is about and begin to work on letting go of whatever is causing stress during the limit-setting process.

Steps in Setting Limits

Setting limits in Adlerian play therapy is a four-step process. First the play therapist states the limit. Next the therapist reflects the child's feelings and/or makes a guess about her or his purpose. In the third step, the therapist engages the child in generating acceptable alternatives. If the child chooses to continue to break the limit, the therapist sets up logical consequences as the fourth step.

Stating the Limit

Several different types of formulations work for stating the limit. Ginott (1959) suggested stating the limit in the passive, rather than the active, voice. This means saying, "The mirror is not for hitting," or "I am not for shooting." He stated that this way of limiting avoids resistance from the child and is more likely to gain the child's compliance than is using the active voice to state limits.

I sometimes use a passive voice construction because I have found that using passive voice tends to lessen the possibility of getting into a power struggle with the child about the limit. However, there are quite a few children (usually concrete thinkers) who do not comprehend passive voice construction. They may not realize that "the mirror is not for hitting" means that they are not supposed to hit the mirror.

I use several other ways of wording my limits. When I limit, I may say

- The rule in the play room is..."
- "No...in the play room."
- "...is against the play room rules."

These phrases suggest that there are certain rules and limits that apply to all of the people who use the play room. The way I phrase the limits allows me to enhance the partnership aspect of our relationship. I am not the authoritarian figure who is imposing boundaries and preventing the child from indulging in the limited behavior. These rules are simply the rules in force in the play session.

I try to avoid using phrases that make me into an authority figure, such as

- "I don't want you to..."
- "I won't let you..."
- "You must not..."

I believe using these phrases undermines the egalitarian nature of the relationship and might result in my engaging the child in a power struggle.

Reflecting Feelings and/or Guessing About Purposes

The second step in Adlerian limit setting is reflecting the child's feeling and/or making a guess about the child's purpose. Most of the time, when the child is about to do something that needs to be limited, his or her feelings are obvious.

Examples of how to reflect the child's feelings when limiting:

- "Seems as though you're feeling pretty angry at me right now."
- "You're really having a great time pouring the water into the sand box. Looks like you're feeling free and happy."
- "I can tell you're disappointed, but the sand needs to stay in the sand box."

In some situations, the violation of the limit is not connected to a feeling. The child may be (a) testing the play therapist, (b) so involved in the play that he or she has not noticed the transgression, (c) trying to provoke a reaction from another child in the play room, or (d) trying to fulfill some other purpose unrelated to any kind of obvious feeling. In this case, it is probably more appropriate for the counselor to make a guess about the purpose of the child's behavior than it is to reflect a feeling.

Examples of making guesses about the child's purpose during limit setting:

- "I can tell you're curious as to what I will do if you try to hit the mirror."
- "Seems almost like you wish I would get mad at you."
- "My guess is that you were paying so much attention to what you were doing that you didn't notice that you were hitting the mirror with the darts."
- "I kind of think you want Jamie to get mad at you."

Many times, when the child does something that needs to be limited, he or she expresses emotions and has an obvious purpose behind his or her behavior as well. When this happens, the counselor both reflects the child's feeling and makes a guess about the purpose.

Examples of combining these two techniques:

- "It looks like you're feeling angry with me, and you want to show me that I can't tell you what to do."

- "You're disappointed because I said that it's time to go home. Seems like you're going to let me know that by ignoring me when I tell you that it's time to clean up."
- "You are feeling really hurt by your dad not showing up when he was supposed to. My guess is that you'd like to hurt somebody else right now—kind of hurt them like you're hurting."

Generating Alternative Behaviors

The third step in setting limits in Adlerian play therapy is helping the child generate possible alternative behavior and redirect her or his own behavior. There are several purposes in having the child think of substitute behaviors. This sharing of power enhances the egalitarian nature of the relationship between the play therapist and the child. It helps reduce the child's tendency to ignore the redirection and continue to test the play therapist's limits. It also teaches the child that she or he can substitute appropriate behavior for inappropriate behavior on her or his own—without adult intervention. This is an empowering and encouraging message to the child that she or he can use in the play room and in other relationships and situations in life. It helps the child generalize many of the insights and skills acquired in the play room to the outside world.

Most of the time, the main intervention in this step is to tell the child, "I bet you can think of something you can do that will be OK to do in the play room." This encourages the child to begin a brainstorming process designed to generate some type of alternative, acceptable behavior. The therapist may need to use this process to work on the child's reality testing, creativity, and negotiating skills. They decide together on different behavior that does not violate the play room limits. For the absolute rules, such as not hurting the therapist or damaging the property, the actual boundary is not negotiable; but the alternative behaviors are negotiable.

Examples of this process with the absolute limits:

- "The mirror is not for hitting, but I bet you can think of something that you can hit with the hammer that will be OK."
- "It's against the play room rules to shoot me with the dart gun, but you can probably think of something in the play room that you can shoot."
- "The baby doll needs to stay in the play room, but you can figure out something you can make that you can take home."

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Sometimes the child either will not or cannot generate any acceptable alternative behaviors. When this happens, the counselor may need to help prime the pump by making suggestions for behaviors that will not violate the play room limits. However, after the counselor lists one or two possibilities, it is essential to refer the matter back to the child, by saying, "Those are some ideas. Let's think of another idea together," or "That is one idea. I bet you can think of another one like it." The counselor must avoid telling the child what to do. If the counselor encourages the child to participate actively in the redirection, the child is more likely to follow through with the alternative behaviors.

With the relative limits, the play therapist can negotiate the actual limit with the child as well as some possible alternative behaviors.

Examples of this process with the relative limits:

- "In the play room, you can not dump all the water you want into the sand box. How many buckets of water would you like to dump? Well, 12 buckets is too many. What about two buckets? You'd like to dump eight buckets? That's still too many. What about three buckets? You would settle for four buckets? I think that's reasonable. What about you?"
- "I can tell you would like to use all of the pipe cleaners, but in the play room we need to save some for the other children. I think six is a fair amount. How many do you think is good? You'd like to use 20? That's still too close to using them all. What about eight? You think that you need more than that. I can tell you're getting kind of angry with me, and you think that you should get to use all the pipe cleaners you want. If 20 is too many, but you think 8 isn't enough, what do you think would work in between that? Twelve? I can agree to that. How about you?"

Notice that I try to get the child to commit to the agreement at the end of the negotiation. Most of the children I work with in play therapy do not initially know negotiation skills. Sometimes this is due to the fact that they are used to getting their own way by engaging in power struggles or having temper tantrums. Sometimes this is due to the fact that they have never had a voice in any decision-making process. No matter what the reason for lack of skill in this area, I frequently need to teach them how to state concretely what they want in a reasonable tone of voice and how to compromise.

The definition of the acceptable behavior should be clear and measurable in order to avoid any misunderstanding on the part of either party. By adhering to this guideline, the therapist can avoid getting into potential power struggles over the nature of the agreement. If the agreement is not concrete and measurable, the child may try to spend a great deal of time and energy quibbling over what the agreement meant.

Examples of concrete versus abstract wording for limits and alternative behaviors:

- *Concrete*: "It's against the rules to aim the dart gun at the mirror, the lights, or me."
  Abstract: "The gun is not for pointing in that direction."
- *Concrete*: "I can kick the ball, but it can't hit the mirror, the lights, or you."
  Abstract: "I can kick the ball softly."
- *Concrete*: "I am going to pour three cans of water into the sand box."
  Abstract: "I am only going to pour a little water into the sand box."

I usually keep the limits and agreements the child and I have developed in force from session to session. Most limits and agreements are generalizable over time. There seems to me to be no reason to reopen the discussion every time the child wants to do something that needs a limit if we have already reached an equitable solution. If we have decided that three buckets of water are reasonable for pouring into the sandbox, it makes sense that three buckets of water will continue to be a reasonable amount of water to go into the sandbox. If we have decided that the dart gun can be shot at everything but the mirror, the lights, and me, it makes sense that these targets will continue to be proscribed.

The way the counselor handles intersession limits depends on the particular limit and the situation. The counselor and/or the child may decide that circumstances have changed and that an agreement needs some adjustment. For example, when a new child joins the play sessions, the counselor may want to expand the list of prohibited targets to include other children. The counselor and/or the child may decide that the agreement was not specific enough and that it needs some tightening. For example, the agreement may state that the child will kick the ball softly. As time passes, the counselor may discover that they have two different definitions of *softly*. In this case, the counselor might want to reopen the definition process. The two parties may decide that the agreement is not

working out the way they thought it would. For example, they had agreed in a previous session that the child could use two buckets of water in the sandbox, but the consistency of the sand with only two buckets of water does not lend itself to the child's enterprise of sand castle construction. The counselor might be willing to change the agreement for this particular enterprise.

With some specific children, I have chosen to engage them in setting boundaries and making agreements every session even if we have already negotiated that particular limit in a previous session. Some children have such poor skills in compromise and communication that I tend to use the limit-setting process to give them a chance to practice these skills in a safe environment. Some children have such poor impulse control that I use the limit-setting process to allow them to learn to delay gratification and to communicate their needs and desires.

Quite frequently, the third step is the last step the counselor needs to use when setting limits. Most of the time, the child abides by the agreement he or she makes with very little fuss. The counselor may have to remind the child of the agreement, but generally speaking, because the child was involved in the decision, he or she will have a vested interest in remembering the limit and complying with it.

Setting Up Logical Consequences

The fourth step in setting limits in Adlerian play therapy is using logical consequences when a child chooses to break a limit or not abide by an agreement. Logical consequences is an Adlerian technique designed to encourage responsible behavior (Dinkmeyer & McKay, 1989; Dreikurs & Soltz, 1964; Gilbert, 1986; Manaster & Corsini, 1982). "If we allow a child to experience the consequences of his [or her] acts, we provide an honest and real learning situation" (Dreikurs & Soltz, 1964, p. 76). A logical consequence is something that happens to a person if he or she "does something or does not do something in terms of a contract, expressed or implied" (Manaster & Corsini, 1982, p. 222). So if the child chooses to break a limit or not abide by an agreement, the play therapist needs to set up a logical consequence with her or him for the next time she or he makes that decision.

Logical consequences must be related to the misbehavior, realistic, reasonable, and respectful (Dreikurs & Cassel, 1972; Nelson, 1985). Logical consequences must be logically related to the limited behavior so that the child understands the connection between the transgression and the consequence. For example, a

logical consequence related to breaking the limit of shooting the dart gun at the mirror might be that the child must put the dart gun away for the rest of the session. An illogical consequence or punishment for this behavior might be telling the child she or he has to sit in the corner for 5 minutes—because there is no connection between what the child did and the consequence.

Logical consequences must express the reality of the social order, not just the opinions and will of the person imposing them. For example, a realistic consequence for pouring sand onto the floor of the play room might be for the child to have to sweep up the floor with a broom. An unrealistic consequence or punishment for this transgression might be for the child to have to copy "I am a messy child and will not spill sand on the floor any more" 20 times on the chalkboard.

Logical consequences must be reasonable, and the consequence should be in direct proportion to the misbehavior. For example, a logical consequence for kicking a ball into the light fixture might be for the child to lose the privilege of playing with the ball for the rest of the session. An unreasonable consequence or punishment might be for the child to never get to play with the ball in the play room again.

Logical consequences must be respectful to the child. The child should actively participate in both the decision-making process generating the logical consequence and the application of the consequence. In order to convey respect to the child, the child should always have a choice: to abide by the limit or agreement or take the consequence. He or she should know and understand the consequences of any decisions before he or she makes them. In the play room, I also try to have the child assume the responsibility for the follow-through of the consequence. I believe that this conveys respect to the child and communicates my belief in the child's self-control and sense of responsibility. For example, a respectful logical consequence if Sarah purposely spilled paint on the floor might be to (a) ask Sarah what she thinks should happen as the result of this action and what she thinks should happen if she chooses to do this behavior again; (b) remind Sarah as she begins to spill the paint on the floor that you had agreed if she chooses to do this again that she is choosing not to get to use the paint for the rest of the session; (c) let Sarah make the choice without pressure from you; (d) if she chooses to spill the paint on the floor, let Sarah be the one who cleans up the spilled paint and puts the paint away for the rest of the session. A disrespectful consequence or punishment might be the play therapist yelling

at Sarah for being "so messy" and telling her that she does not deserve to get to use paints anymore.

When the play therapist uses logical consequences in the play room, it is important to remember that the purpose of logical consequences is to help children learn to make responsible decisions and to let them experience the consequences of their choices. Consequences should not be a vehicle for the therapist to impose his or her will on children or to win a power struggle or punish children for doing something that the therapist does not like. When the play therapist uses logical consequences in the play room, there is never a moral or value judgment about the child or the child's behavior conveyed.

I try to use the limiting process to convey my positive and supportive feelings for the child. I want to communicate to the child that I want him or her to succeed and to learn to make responsible choices and that I will continue to care about him or her, no matter what the decision in any one specific interaction. As in all of my interactions with the child, when I set up the logical consequences, I use a friendly, matter-of-fact voice and make sure my body language does not telegraph anger or disapproval to the child. Whenever the child chooses a consequence rather than abiding by the limit or agreement, I point out to him or her that he or she will have another chance to try again/make a new choice the next session. If the child continues to choose the consequence, this usually means that I need to reevaluate the child's purpose and the effectiveness of the consequence.

Summary

Limit setting is an important part of building a relationship in Adlerian play therapy. The therapist must make decisions about what to limit, when to limit, and how to limit before problems develop so that he or she can present limits in a reasonable, respectful way that avoids power struggles. In Adlerian play therapy, the therapist involves the child in the four steps of limiting: stating the limit, reflecting feelings and/or making guesses about the child's purpose, generating alternative behaviors, and setting up logical consequences.

CHAPTER 8

UNDERSTANDING GOALS OF DISCOURAGED CHILDREN

In trying to understand and alter the goals of discouraged children, it is essential to remember that "all misbehavior. . .stems from discouragement. The child lacks courage to behave in an active, constructive manner. A child does not misbehave unless he or she feels a real or threatened loss of status" (Dinkmeyer & McKay, 1989, pp. 11-12). The goals of discouraged children fall into four primary categories of striving: attention, power, revenge, and proving inadequacy (Dreikurs & Soltz, 1964).

While most of the time there is a pattern of striving toward the same goal in different situations and relationships, children are not always completely consistent. For example, Jeremiah may strive for power at home and attention at school. The Adlerian play therapist must be alert to shifts in goals in various settings and with different people and adjust therapeutic interventions accordingly.

In order to determine a child's goal, the therapist gathers information about the child's feelings and behaviors, the feelings and reactions of adults who interact with the child, and the child's responses when he or she experiences criticism or punishment. Because each of these factors is different for the four goals, the counselor can usually determine which goal of misbehavior fits the child. It is important to make this determination because the intervention strategies in play sessions differ according to the counselor's understanding of the child's goal. Knowing the child's

goal is also helpful in planning parent and teacher consultations because the Adlerian techniques used in dealing with misbehavior are somewhat goal specific.

Attention

Children whose goal is attention believe that the only way they are significant is when they are the center of attention. When others are not paying attention to them, they feel insignificant and unimportant. They feel that they need attention in order to belong. Children whose goal is attention have four possible routes to get that attention: the active constructive route, the passive constructive route, the active destructive route, and the passive destructive route (Dreikurs, 1948; Pepper, 1980). Children usually try to gain significance through a constructive route first, but if they feel that they have not achieved acceptance and belonging using positive, useful methods, they switch to the destructive mode. Whether children use the active or passive mode depends on the level of their personal courage and energy. Children who have a great deal of courage and energy take the active path to gain significance. Children who are discouraged and feel defeated and afraid take the passive path to belonging (Dreikurs, 1948; Pepper, 1980).

Each of these subcategories has distinctive types of typical behaviors on the part of the child. The child who has elected to take the active constructive path to gaining attention typically has many positive behaviors and mannerisms, all designed to make him or her the center of attention. This child is usually the teacher's pet or model child who uses "goodness" to get recognition. He or she is quite frequently overly conscientious and may use tattling as a way to gain attention. The active constructive attention seeker flamboyantly does nice things for other people—drawing attention to his or her good deeds all the while.

The child who has elected to take the passive constructive path to gaining attention typically exhibits the same kind of behaviors that the active constructive child does (Dreikurs, 1948; Pepper, 1980). The primary difference is that the passive constructive child does them less obviously and then waits wistfully for someone else to notice and give her or him the attention that she or he craves. Sometimes the passive constructive attention seeker acts like a clinging vine and expects others to take care of her or him. This child may also receive a lot of attention for good looks or charming personality and may develop a need for admiration and service.

The child who has elected to take the active destructive path to gaining attention usually does rather obvious negative things to gain attention (Dreikurs, 1948; Pepper, 1980). This child is quite frequently the class clown or the family smart aleck. He or she uses negative behaviors in a rather obvious, loud fashion to get attention. This child may be silly, argumentative, overly active, easily distracted, or bullying. Pepper (1980) described several different types of children who fit into this category. The *showoff* is the child who uses flamboyantly negative behavior to gain attention. He or she likes to shock people and may make statements simply designed to get attention. The *obstructive* child becomes a nuisance to gain attention and significance. The *enfant terrible* child purposely breaks rules of tact and convention in order to get attention. This child interrupts and says rude things. He or she may be witty, sly, and clever in interactions with other children and with adults. The *walking question mark* constantly asks questions, even though he or she knows the answer already. The *unstable* child gives up easily and constantly needs reassurance and bolstering, even though he or she is capable of doing many things. A child who is an active destructive attention seeker may, at one time or another, use any and all of these behaviors to gain attention.

The child who has elected to take the passive destructive path to getting attention is not quite so obvious as the active destructive attention seeker (Dreikurs, 1948; Pepper, 1980). This child is frequently characterized as lazy or dependent. She or he may appear to be shy and use bashfulness to keep other people involved. She or he may be messy, perpetually late, or unwilling to do chores. These behaviors are passive techniques for gaining attention. The passive destructive attention seeker can also be a child who exhibits a great deal of fear and anxiety, constantly needing reassurance and care. She or she may use eating difficulties, speech impediments, or reading problems to gain significance and keep people paying attention.

When adults interact with children motivated by attention, they feel mildly annoyed with them. Most of the time, adults give these children attention when they are asking for it—either positively or negatively. With constructive attention seekers, adults initially react favorably. As time passes, the children's constant need for involvement and attention begins to be a strain on the relationship. With destructive attention seekers, adults may try to coax them into more appropriate behavior.

In response to correction, attention-seeking children temporarily reduce or eliminate the annoying behaviors. When others

are paying attention to them, they may feel content and stop demanding interaction. However, when they stop being the center of attention, their anxiety escalates, and soon they resume the behavior that they typically use to gain attention.

Play Therapy Strategies

In order not to support attention-seeking children's belief that they must be the center of attention, the Adlerian play therapist uses three main strategies: ignoring, giving attention, and interpreting. The therapist may ignore these children when they are asking for attention in inappropriate ways such as being silly or overly attentive. By attending to these children when they are not seeking attention, the therapist can encourage them to explore other, more positive ways (such as the positive goals of behavior discussed in chapter 2) of gaining significance. The counselor can also interpret the purpose of children's behavior, using tentative goal disclosure. This intervention strategy is most appropriate for the third phase of Adlerian play therapy: to help children gain insight into the goals of their misbehavior.

Examples of interpretations for attention-seeking children:

- "You really want me to pay attention to you."
- "It seems like sometimes you're afraid that I don't like you if I'm not paying attention to you when we are together."
- "Sometimes I think that you really like for your mother to stay busy with you."

The ultimate goal of these strategies is for children to realize that they do not need to be the foci of attention to belong or be important. With the parent(s) and teacher(s) of attention-seeking children, the counselor must make suggestions about how to use these same techniques to help children generalize this idea to settings other than play sessions.

Power

Children whose goal is power believe that they only count when they are in control (Dinkmeyer & McKay, 1989; Dreikurs, 1948; Pepper, 1980). They feel a need to be in control of themselves and of other people and situations. When they are not in control, they feel worthless and unimportant and try to regain power by any available means. Children who are seeking power to gain significance typically show the rest of the world faces that look self-confident and superior, sometimes even smug. This is

not the way they really feel, however. These children have tried to gain significance in more constructive ways, have not achieved a sense of belonging by these means, and believe that they must try to achieve power in order to be safe and secure.

The primary distinction between the active and passive manifestations of power seeking is in the degree of energy children devote to their behavior. Active power children get into power struggles with authority figures and peers by arguing, fighting, contradicting, and acting with open defiance. Many times they use temper tantrums to get what they want. They may also tell blatant lies, cheat to win at games, and use other forms of dishonesty to stay in control of situations and other people. Passive power children get into power struggles by being disobedient, forgetful, manipulative, stubborn, lazy, and uncooperative. Passive children do not overtly challenge others but instead get their way in a passive-aggressive manner.

When adults encounter power seekers, they usually get angry at them. They may feel challenged or threatened by these children's need for control. Adults may react to this challenge by engaging in power struggles with these children, or they may threaten them or use preaching to induce them to comply with rules and structure. These strategies rarely succeed with children motivated by power. When they are punished, power children usually escalate their negative behavior: active children work harder at being defiant, and passive children work harder at being passive aggressive.

In my experience, the child whose goal is power usually comes from a background in which one of three circumstances exist: (a) the child's family does not allow him or her to have a reasonable or appropriate modicum of power, (b) the child's family allows him or her to have an excessive amount of power, or (c) the child's family is chaotic, disorganized, and lacking in a sense of structure and safety. It is important for the Adlerian play therapist to make a distinction among these three backgrounds because the intervention style in the play session will vary according to this underlying dynamic in the power-seeking child's life.

Background and Play Therapy Strategies for Children Who Have Too Little Power

Children whose families do not allow them to have any power at all feel a need to gain some modicum of control over situations and overcompensate by demanding power over all situations. These children's parents are usually overprotective or extremely

rigid and authoritarian. The parents do things for these children that they can do for themselves—continuing to brush their children's teeth, dress them, cut their meat, choose their clothes, decide what they can do, where they can go, who they can befriend. These children do not ever have the opportunity to have control over themselves and their lives, even when it would be developmentally appropriate for them to have some limited power over situations. Because they are never allowed to make decisions, be responsible, or take control over even small facets of their everyday experiences, these children develop a need to control others, through manipulation or temper tantrums. These children become so intent on gaining a small amount of power that every interaction becomes a power struggle, with the children determined to win and gain control.

My strategy with *children who have too little power* is to inundate them with control during our initial sessions and then to introduce gradually the idea that we will share the power equally. During our first sessions, I never make any decisions in the play room. I leave all of the choices up to the children and constantly return responsibility back to them. I sometimes use the whisper techniques discussed in chapter 5 to accomplish this.

Frequently these children have negative reactions to having control given to them because they are not sure how to deal with it and may even believe that this is some kind of a trap. I have had children scream at me that they cannot make the decisions, that I am the adult and it is my job to decide what happens in the play session. I have had other children simply refuse to make decisions and sit passively waiting for me to take charge. (These same children, if I showed a willingness to assume the control, would try to wrest the power away from me.) I interpret these responses, making guesses about how hard it is for them to trust me and to take responsibility for what happens in the session.

As the relationship develops and the children begin to feel more comfortable with having power as a matter of course, rather than a matter of force, I begin to ask them to share power with me. I want to convey the idea that they can be comfortable and safe in the session whether they are in charge or I am. To accomplish this, I may suggest that we take turns making the rules for any games we play; I may take role plays in different directions by not using the whisper technique to give up control; I may set up a play scenario for us to enact. It is important to monitor children's reactions to this process in order to be able to reflect their feelings and make interpretations.

In parent consultation, I work with parent(s) to teach them to allow their child to exercise age-appropriate control. Sometimes, the parents do not have enough information on child development and simply do not realize what the child should be able to do by herself or himself. When this is the case, I frequently ask them to read books from a series by Louise Bates Ames, Frances Ilg, and Carol Chase Haber of the Gesell Institute of Human Development. These books (for example, *Your 5-Year-Old: Sunny and Serene*, Ames & Ilg, 1979; and *Your 7-Year-Old: Life in a Minor Key*, Ames & Haber, 1985) contain information about what to expect from the average child at a specific age.

Some parents have difficulty sharing power with anyone else because of their own issues. I may refer these parents for personal counseling, but it is difficult to interest them in the counseling process because it would mean giving up some of their control. They may also resist learning new ways of interacting with their children. The most effective way I have found to induce power-seeking parents to share power with their children is to teach them how to give limited choices. This strategy allows the children to have some control over their lives, but does not require the parents really to give up making all the decisions in the family.

Background and Play Therapy Strategies for Children Who Have Too Much Power

Children with excessive power come to believe that they need to have that same amount of power in their interactions with others and the rest of the world. The parent(s) of these children may have (a) a laissez faire attitude toward parenting, (b) so many personal problems and are absorbed in their own difficulties and do not have the energy to set boundaries and structure, which results in a parentified child, (c) such a strong need to please others that they are reluctant to set limits for the child, and (d) many anxieties, which tend to make them overprotect and inclined to pamper their child. These children make their own decisions about the various aspects of their lives before they are developmentally ready to make those choices. They may take care of themselves and perhaps several siblings. They may be pampered and expect others to comply with their every desire. When people outside their families do not allow them the control they have learned to expect from others, these children try to wrest that control away from them. This results in constant power struggles with authority figures, who these children believe to be violating their right to be powerful.

In play sessions with children who have too much power, I establish the egalitarian power sharing from the first session. This way I can let them know that they can give up demanding complete control over every situation and still survive and be happy. These children usually have a negative reaction to the idea that we are going to share power with one another, and they may try to engage me in a power struggle about it. My response to this is to use interpretation and goal disclosure about their goals and to avoid getting into power struggles with them.

Examples of interpretations with power-seeking children:

- "You want to change the rules so you can win."
- "It seems to be really important to you to get me to do it your way."
- "I'm thinking that you like to be the boss and tell me what to do."

One method for avoiding power struggles is to give choices and set up consequences (see chapters 4 and 7). This keeps our relationship democratic and allows children to have a degree of power without letting them control the entire situation. It is important to avoid taking the children's behavior personally and feeling challenged or threatened in any way. I remind myself that I (being an adult) have more freedom and choices in my life than children do, and I must remain calm and balanced in my interaction with them.

With parentified children, I try to make sure that I do not expect them to be overly responsible in our sessions. I may suggest that they not clean up the room, and I generally try to engage them in silly and child-like behavior. With pampered children, I try to avoid pampering them or lowering expectations for them. I want to convey my confidence that they can flourish without being overprotected or getting everything they want.

I work with the parents of children who have too much control on the parenting skills required to establish appropriate boundaries and structure. They particularly need to learn how to set up choices and logical consequences, how to determine problem ownership, and how to avoid getting involved in power struggles.

I work with parents on any personal issues that might be interfering with their parenting, or I refer them for personal counseling. I want individuals who are struggling with their ability to parent effectively to feel empowered and to begin to take on the parental responsibility rather than expecting the child to do this. To accomplish this task, I use encouragement and teach disci-

pline skills. With parents who have personal problems and those who are trying too hard to please their children, I ask them to look at how their difficulties are affecting their relationship with their children. Parents of pampered children need to examine their purpose in pampering and to get additional information on the harm pampering can do to their children's development and self-esteem.

Background and Play Therapy Strategies for Children From Chaotic Families

In some families, children have no sense of safety or protection because the entire family is out of control. This may be due to mental illness, drug abuse, poor health, or alcoholism on the part of the parent(s). In some cases, the chaos in the family stems from the parent(s)' lack of parenting skills and inability to set up structure and routine, which would help children feel safe. Many of these families move among different social services, seeking stabilization but never finding it. For these children, the striving for control is a survival skill that they use to protect themselves.

My intervention strategies with children from chaotic families are similar to those I use with children who have too little power. At first I let them control all of the interactions in the play session, and then I gradually introduce the idea that they can be safe even if they are not in control. I want to provide a secure environment where they can relax and enjoy being children and playing.

I may make guesses about how it feels to be a part of a family in which there is little order or safety. When I do this, I am careful to avoid seeming critical of the parent(s). This is actually not too hard for me because I believe that the parents in these families are doing their best to function in ways that make sense to them.

It is difficult to have a major impact on chaotic families, partly because there are so many problems that it seems impossible to make any substantial restructuring. Family members resist help because change seems threatening to them. There may be so many overwhelming problems that family members may not ever be able to learn enough or get mentally healthy enough to interact in a way that could facilitate effective parenting.

Although I believe that it is important to try working with these families, at times it seems more appropriate to teach the child survival skills and methods of gaining control over his or her environment that do not threaten or challenge other individu-

als. For example, with Lonnie, an 8-year-old boy whose mother is mentally ill, I might teach him how to recognize the signs that appear when his mother stops taking her medication and how to contact a responsible adult to care for him when this happens.

Revenge

Children motivated by revenge seek to get even or to punish others for pain or injury inflicted on them (Dreikurs, 1948; Pepper, 1980). Revenge children may have experienced abuse of some kind—physical, sexual, emotional—or neglect and want to protect themselves in the future by striking out before anyone else has a chance to hurt them. They may have felt so much pain in their lives that they want to hurt other people. In some situations, children have only experienced relationships as being painful and believe that the way to establish and maintain a relationship is to inflict pain. In other situations, children motivated by power, but thwarted in their attempts to make things go their way, may lash out at others to exact revenge for the perceived hurts resulting from their frustration. Many times, revenge-seeking children feel that they are unacceptable, unlovable, and unwanted. They may even believe that they deserve to be hurt and expect others to reject them so they reject others first.

There is an active form of revenge and a passive form of revenge, which manifest different types of behaviors. Children who engage in active revenge seeking are violent, malicious, and cruel. These children are frequently bullies who hurt other children and adults, either physically or emotionally. When they lose at games, they may try to punish those who best them. Bed wetting and soiling clothes are sometimes exhibited by revenge children. Wetting the bed and soiling clothes can be metaphoric communication of children's feelings to the adults who clean up after them. Actively revenge-oriented children may also steal favorite possessions of others in order to hurt them.

Children who are passively striving for revenge exhibit behaviors that are more subtle in their hurtful intent. They may be moody, pouty, threatening, or withdrawn. They may refuse to participate in activities or sabotage those they do join. The difference between passive power children and passive revenge children is intent. Power children want control, and revenge children want to hurt others.

Because revenge children are very good at acting on this intention, when adults encounter them, the adults usually feel hurt.

Some adults react to this pain by withdrawing from these children to protect themselves, which provides support to the children's belief that they are unlovable. Other adults react to pain inflicted by revenge children by trying to get even with the children for hurting them. This also confirms the negative self-image of the children and further inflames their desire to get revenge and protect themselves from further hurt. Whenever they experience any kind of correction or reprimand, these children assume that the punishment is designed to hurt them. Their immediate response is to escalate their efforts to hurt others.

Play Therapy Strategies

When I work with children motivated by revenge, I need to keep reminding myself that they are trying to hurt me because they have been hurt—not because they like to inflict pain on others. This helps me avoid taking their behavior personally and allows me to stay positive with them despite their efforts to push me away from them. Pepper (1980) noted that

> Dealing with the child bent on revenge constitutes one of the most serious problems for the adult. These children are inaccessible to reason. Convinced that they are hopelessly disliked and have no chance with the group, they respond with deep distrust to any effort to convince him [or her] otherwise. The adult is exposed to all kinds of very well-designed provocations to hurt her [or him] which makes it difficult for her [or him] to convince the child that he [or she] is worthwhile and can be liked. (p. 30)

Patience and consistency are the keys to play therapy with revenge-seeking children. Since they discount any attempts to encourage them for a long time, I must exercise persistence and not get discouraged by their reactions. I try to convey respect and caring in all of my interactions with these children. It is important to make sure that limits are fair and predictable. When I limit, I pay even more attention than usual to keeping my verbals and nonverbals matter of fact and nonjudgmental. Even with these efforts, revenge children frequently assume that I am using the limiting process to further reject and hurt them. When interpreting the goal of behavior to these children, I have to remember to keep any kind of emotion out of my voice and simply label the goal.

Examples of guesses about the goal of revenge:

- "I'm guessing that you are angry with me because you wanted to shoot the dart gun, so you're stepping on the dart gun to try to get me back."
- "Seems like you want to hurt that boy doll for what he did to the girl doll."
- "Maybe you think if you call me names that you will hurt my feelings, and I will go away and not talk to you."

In circumstances where the parent(s) or other family members are responsible for the child's feeling of hurt, I must first assure myself that any abuse or neglect is stopped. If the child is in a continuing abusive situation, it is essential to find a way to make sure the child is removed from the danger and moved to a place where she or he can feel safe and protected. In some cases, there is no proof that the parents are hurting the child or letting the child be hurt, and the child protective agencies and/or court system are unable to protect the child. If this happens, the play therapy process will almost certainly not be enough to counteract the child's hurt.

Even in situations in which all parental hurtful behavior has ceased, repairing a damaged parent/child relationship is slow work. The parent(s) must learn to be consistently supportive of the child, to limit without judgment, to resist provocation, and to gain an impersonal perspective on hurtful behavior. The child must learn to trust the parent(s), begin to believe that he or she is lovable and important, and explore new, positive ways to gain his or her significance and keep safe from harm. My main function in this process is to encourage both the child and the parent(s) and not let them give up on each other or themselves. It is also important to give parents a place to vent their own feelings of hurt and frustration and to help them work on their own issues so that no further harm comes to the child.

In some families, the parent(s) were not responsible for any hurt inflicted on the child, but the child is acting out the revenge on them. This may be due to the fact that the child feels hurt because the parent(s) did not sufficiently protect her or him from harm. Another possibility could be that the child does not feel safe in acting out negative feelings on the person who hurt her or him but does feel safe in acting out these feelings on the parent(s).

Proving Inadequacy

Children who are trying to prove that they are inadequate are truly discouraged. They protect themselves from the demands of life by avoiding activities in which they feel deficient (Dinkmeyer & McKay, 1989; Dreikurs, 1948; Pepper, 1980). Children may decide that they cannot do things as well as (a) they want to, (b) other people can, or (c) they ought to be able to (Pepper, 1980). Inadequate behavior is usually passive (for example, the child who will not try, gives up easily, avoids the company of others), but the ultimate form of discouragement is active: suicide.

In certain families, the parent(s) may have contributed to their children's negative self-images because of their own personal discouragement, which can take the form of neglect, overambition, pressure, pessimism, criticism, and impossibly high standards. Sometimes, however, children get discouraged by comparing themselves unfavorably to siblings or peers. In cases in which children have some type of challenging condition, such as learning disabilities, Attention-Deficit/Hyperactivity Disorder, physical disability, or mental retardation, their assessment that they cannot do as well as others may be accurate. However, in many of these cases the resultant discouragement is disproportionate to the problem.

Adults who interact with children striving to prove inadequacy usually feel helpless, hopeless, and just as discouraged as the children. They do not know what to do to help the children, and even when they make attempts to intervene, the children either do not respond or respond in a passive way. Parents and teachers frequently give up on these children because they tend to get worse rather than improving. If really discouraged children experience failure or correction, they sink even deeper into their despair and give up even small attempts at success or progress.

Play Therapy Strategies

In the play session, most inadequate children refuse to engage in any kind of play for fear that they will not succeed. I am never critical of their inactivity, nor do I imply (in either my verbal or nonverbal communication) that I think they should be doing something. I seek out information about their assets, usually from conversations with their parent(s) and teacher(s) because the children, themselves, do not believe that they have any strengths. Encouragement bolsters their feelings of competence.

I especially look for circumstances in which they put out effort or improve in some activity. It is important to engage them in activities in which they can succeed. This requires low-risk toys or materials. Board games that depend strictly on chance, rather than skill, are sometimes helpful. *Shoots and Ladders* and *CandyLand* are examples of this type of play media. Finger painting and sand are also excellent intervention tools with this population because it is impossible to make a mistake with them.

Sometimes with inadequate children it is better to have the play session in a room with limited numbers of toys and possible choices. Because they are easily overwhelmed and cannot imagine that they can successfully cope, the ideal play room will probably be overpowering to them. If possible, I bring one or two low-risk items into a room with few distractions or opportunities for failure. Because these children are determined to reprove what they already believe about themselves, if the play room contains potentially defeating activities, they seek them out to confirm their perceptions of themselves.

My primary tool with these children is unlimited amounts of encouragement and my personal belief in the potential of every human being, which I constantly communicate to the children and their parent(s). Sometimes interpretations about their goals are also helpful, although these children seldom have any discernible reaction.

Examples of goal disclosure with children striving to establish their own inadequacy:

- "Sometimes it seems like you just don't want to try anymore because you don't think you can do things as well as Joseph."
- "I'm guessing that it hurts so much when it doesn't work for you that you just give up."
- "You look like you wish you could do that, but you're afraid to try."

Most parents of children who are so discouraged that they believe they are permanent failures are discouraged themselves. I think my main job with these parents is to give them a great deal of support to keep them from giving up. Encouraging their efforts and improvements in parenting skills is helpful. I ask them to eliminate any of their behaviors that might be contributing to their children's discouragement and suggest more positive ways of interacting with the children. They must learn to recognize small increments of improvement in their children and to celebrate any

type of risk-taking behavior on the children's parts. This is a slow, sometimes painful process, but with support these parents can learn to encourage their children, resulting in changes in the children's attitudes and behaviors.

Summary

The Adlerian play therapist must learn to distinguish among the various goals of misbehavior in order to build the relationship, understand the child's life-style, help the child gain insight, and reorient and reeducate the child. Recognizing whether the child's goal is attention, power, revenge, or proving inadequacy helps the therapist understand the child's intrapersonal and interpersonal dynamics. The distinction among the goals is based on the child's feelings and behavior, adults' feelings and reactions to the child, and the child's responses to correction. By understanding each of the goals, the subcategories within each of the goals, and goal-specific techniques appropriate for play therapy and parent consultation, the therapist can plan effective intervention strategies for all four phases of Adlerian play therapy.

CHAPTER 9

EXPLORING THE CHILD'S LIFE-STYLE

In the second phase of Adlerian play therapy, the counselor gathers information about children's life-styles in order to be able to help children and their parent(s) better understand the patterns of their thoughts, emotions, and actions. This process may involve investigating the family atmosphere, family constellation, and early recollections. When the counselor has accumulated enough information to be relatively confident of understanding the children's life-styles, he or she begins to formulate hypotheses about how the children view themselves, others, and the world, and how their behavior reflects these perceptions.

Family Atmosphere

Family atmosphere is the

> characteristic pattern established by parents and presented to their children as a standard for social living. Since each person responds to a situation according to his [or her] own outlook on life, family climate is not a direct causal agent in the development of personality; instead the individual interprets the meaning and significance of the family atmosphere in the light of his [or her] own "biased apperception" or "faulty logic." (Dewey, 1971, p. 41)

Understanding the family atmosphere is particularly important in Adlerian play therapy because it is continually influencing how children view themselves, others, and the world. People form their image of themselves and the way they can gain significance based on their perceptions of how other people react to them. They decide how other people are supposed to act based on their perceptions of how people act and interact in their families. Their ideas about the world and what it is like spring from their perceptions of the worlds in which they grow up—their homes and their families. They act as if the family atmosphere represents the way life is supposed to be.

Family atmosphere is based on a combination of factors, including (a) parental attitudes toward the children, (b) parental discipline philosophies, (c) the life-style of the parent(s), (d) the family values, (e) the family atmosphere of the parent(s)' family of origin, (f) the marital relationship, (g) the parenting skills of the parent(s), and (h) any personal problems that might interfere with the parent(s) ability to provide warmth, respect, and structure for the children (Dewey, 1971; Griffith & Powers, 1984; Manaster & Corsini, 1982). Each family is unique, so there is no set formula for how these elements fit together or for the proportion of the different factors in the mix. However, there are certain typical patterns that frequently appear in families. Since children growing up in these typical families manifest certain common characteristics in their life-styles (Adler, 1931/1958; Dewey, 1971), the play therapist may learn a lot about the child's life-style by studying them.

The most positive family atmosphere is *democratic* (Bettner & Lew, 1989; Dewey, 1971). The parents in these families are consistent, reasonable, loving, and respectful. The children are active participants in the decision-making process of the family, and they have age-appropriate power and responsibilities. Children who grow up in democratic families are self-confident, self-reliant, spontaneous, and articulate about their feelings and thoughts (Bettner & Lew, 1989). Most of the time, children from these families do not come to play therapy unless something traumatic such as abuse or the death of someone close to them has occurred.

Unfortunately, the rest of the family atmospheres are rather negative. Many children in play therapy may come from a family that has one or more of the following atmospheres (Dewey, 1971): rejective, authoritarian, inconsistent, hopeless, suppressive, overprotective, pitying, high standards, materialistic, competitive, disparaging, or inharmonious.

In *rejective* families, the parents usually have negative self-perceptions, and they have difficulty showing love to one another and to one or all of their children. Children feel as though they are not accepted or loved. As a result of this perception, the children begin to believe that they are unacceptable and unlovable. They may block off their own feelings in order to protect themselves, and they frequently have trouble feeling and/or expressing love and trust. Often in these families, one of the children becomes the family scapegoat and bears the brunt of the parental rejection and blame. These children are frequently play therapy clients because they are the identified patients, shouldering the problems of the entire family. In play sessions, children from rejective families try to provoke the therapist into rejecting them because they believe that they are unworthy of any reaction other than rejection.

The parents in *authoritarian* families demand absolute obedience. They expect the children to have perfect behavior and to adopt the parental values without question. They discourage discussion and expression of feelings. There seem to be two different patterns of behavior in children who live in authoritarian families. Children can become extremely conforming and compliant, or they can become extremely rebellious. Conforming children are usually polite, timid, and anxious. They may develop nervous habits, tics, ulcers, and other physical evidence of stress and tension. Lacking imagination, spontaneity, and initiative, they frequently have difficulty solving their own problems and seek out authority figures to make decisions for them. Rebellious children may be inconsiderate of others, argumentative, and/or sensitive to blame and praise. They frequently resort to evasive actions like lying and stealing in response to authority figures. These children may "go wild" with drugs, alcohol, and sexual acting out (Dewey, 1971).

Most of the time, conforming children please adults, which reduces the chances of them getting sent to play therapy. Teachers may notice the symptoms of anxiety and tension or the lack of childlike behavior or resourcefulness and send the child to the school counselor. Authoritarian parents sometimes bring rebellious children to play therapy in order to find ways of making them more compliant. These parents do not usually agree with the democratic principles of Adlerian philosophy or parenting skills, so they may not keep their children in counseling with an Adlerian play therapist too long. With these parents, the play therapist must be patient and constantly remind himself or herself that

they are doing the best they know how to do, given their own lifestyles. The pace in parent consultation must be slow and steady so that the parents do not get too frightened of the eventual letting go of their illusion of total control.

In families that have *inconsistent* atmospheres, discipline is erratic and unpredictable. The parents may have a laissez faire attitude and/or change their minds a great deal about what is acceptable, so the children are never sure of the family rules. The parents may have opposing discipline philosophies and styles, which creates confusion, or they may be acting out their marital problems in the parenting arena, which precludes consistency. In these families, there is no sense of structure and routine to provide safety and security for the children. Children in these families never seem to know what others expect of them or what to expect of others. They assume that the world is an arbitrary place without order or reason. This sometimes makes it difficult for these children to function in situations in which structure and routine are essential, like school and work. Children from these families may crave the structure of school and are reluctant to go home, back into chaos. Frequently lacking self-control and motivation, children from inconsistent families may be self-centered and crave excitement (Dewey, 1971).

Some of these children try to gain control of situations and other people through aggressive or manipulative behavior. (See chapter 8 on children from chaotic families who seek power.) The children who have difficulty adjusting to structure may appear to suffer from attention problems, which sometimes results in referrals to school counselors. Other children may be sent to play therapy for getting into power struggles with authority figures and lacking motivation.

The atmosphere in *hopeless* families is discouraged and pessimistic (Dewey, 1971). The parents in these families have become so discouraged, by their internal personality dynamics and/or by external circumstances, that they have given up on life and the human race. They believe that nothing good will ever happen to them, and they convey this discouragement to their children. These children feel as though they cannot ever accomplish anything or be successful. Their goal usually becomes proving their own inadequacy, a purpose that comes from their feelings of discouragement, helplessness, and hopelessness. (See Chapter 8.) Because the parents of these children have already given up all hope, they seldom bother to bring the children for counseling. However, many times teachers refer these children to the school counselor for help and encouragement.

In a family with a *suppressive* atmosphere, the parents do not allow anyone but themselves to express ideas and feelings (Dewey, 1971). They punish the children for saying what they think and feel. The children learn to pretend to be different from what they really are in order to be acceptable. They learn to mistrust their own feelings and have problems expressing true feelings and personal thoughts. Some of these children resort to daydreams and unrealistic fantasies in which they feel valued and heard by others. If the parents are successful in their efforts at suppression, they have little problem with the way their children behave. If they have not been successful, they may bring the children to play therapy in order to get support from the play therapist in suppressing the children. When they find that the entire process of play therapy is aimed at freeing children and helping them learn to express themselves, these parents will probably terminate the process. Sometimes teachers may refer suppressed children to the counselor for excessive daydreaming or for their difficulty in expressing original thoughts.

An *overprotective* atmosphere is one in which indulgent parents prevent children from learning by refusing to allow them to cope with difficult problems (Dewey, 1971). The parents protect children from unpleasantness, sadness, and the reality of life. This process prevents pampered children from developing courage and self-reliance. Children from this type of family frequently lack self-confidence, have a strong need for approval, and exhibit a great deal of dependence. They can develop an attitude that they do not have to be responsible for their own behavior because their parents have always prevented them from having to experience consequences for their actions. In their interactions with others, they may constantly ask, "What's in it for me?" or "Who is going to take care of this for me?" Most parents of pampered children do not see anything wrong with their children or their behavior and consequently seldom seek counseling for them unless forced to do so by an outside authority, such as the school. Teachers often have difficulty with these children in the classroom, either because of their arrogance or their helplessness, so school counselors frequently work with children from overprotective families.

Children with disabilities may have a *pitying* family atmosphere, in which the parents feel sorry for the children and teach them to indulge in self-pity and expect special privileges (Dewey, 1971). This results in the children being discouraged and not believing in their own capabilities, and they may begin to see a disability as a handicap rather than a challenge. Children who grow

up in pitying atmospheres may feel that life is unfair, tragic, and full of woe and suffering. They frequently decide that they are victims and expect others to feel sorry for them or to abuse them in some way. Parents who pity their children may bring them to play therapy because they feel sorry for the children or because the pitying atmosphere has such a discouraging effect on the children that they begin to strive toward proving their own inadequacy. These parents may need personal counseling and/or family counseling to help them overcome their own feelings of grief, loss, and personal failure.

Many teachers subscribe to the philosophy that certain children are differently abled rather than disabled, challenged rather than handicapped. These teachers may recognize the debilitating effects of the pitying family atmosphere and send children with disabilities to the school counselor to get help in counteracting this atmosphere.

In a *high-standards* atmosphere, parents demand that the children live up to high expectations and goals of perfection (Dewey, 1971). When children do not perform up to their standards, parents are critical and denigrating. Because most of the time, the standards in these families are impossible to reach, children feel inadequate, inferior, and discouraged. Even when they are doing well, they believe that they can do better. These children begin to doubt their own abilities and worry about possible future failures and become obsessed with the need for complete success. As time passes, children in high-standards families become perfectionists who cannot function without external guidelines for conduct and standards for success. They frequently exhibit symptoms of stress and tension. Parents of perfectionistic children may bring them to play therapy in response to these symptoms or in search of ways of helping the children better fulfill the high standards of the family. Because teachers frequently appreciate children who are striving toward perfection, they may not refer these children to the school counselor unless the stress of ever-increasing standards results in obvious signs of anxiety and emotional instability.

Possessiveness, acquisition, and money are important to the parents in a *materialistic* family (Dewey, 1971). They believe that the most acceptable way of gaining significance and security is to acquire worldy goods. The family values give more importance to material possessions than human relationships. The children in these families tend to judge everything by how much it costs. They may not understand the importance of friendly interactions with

others and simple pleasures that do not require monetary investment (like playing). Sometimes children from materialistic families completely reject the values of their parents and become fervently idealistic and antimaterialistic. When this happens, the parents may bring the children to play therapy to try to help them "become more realistic about the value of money." Otherwise, the parents in these families are usually perfectly satisfied with acquisitive, selfish children. Many teachers refer children from these families to the school counselor to enhance their ability to manifest social interest in their interactions with others and to experience joy in simple pleasures and being childlike.

The atmosphere of a family becomes *competitive* when the members exclusively stress success (Dewey, 1971). In these families, the parents compare one child to another child, looking for the child who is the best at certain accomplishments. Because the children strive to outdo one another, never learning a sense of cooperation, they frequently manifest low social interest. Competent children may find inspiration in the comparison among siblings, developing a sense of superiority over others. Many competent children in competitive families develop elevated levels of anxiety, apprehension, stress, and perfectionism, due to a kind of all-or-nothing thinking that suggests to them they are failures if they are not perfect or best. Children who cannot, for whatever reason, be the best in a positive way in the family may choose to go in the opposite direction and become the worst. Those children who do not measure up to their more competent or talented siblings may become so discouraged that they give up trying to achieve and adopt the goal of proving their own inadequacy. If they hear that they are inadequate often enough, they begin to believe it. Teachers and parents may grow concerned about the behavior of these children and refer them to play therapy.

In a *disparaging* atmosphere, family members constantly bombard one another with criticism (Dewey, 1971). Parents in disparaging families usually doubt their own worth. These parents may use criticism to establish that they are better than their children. By putting others down, they believe that they are elevating their own status. As a result of denigrating remarks, children in disparaging families feel worthless and miserable. Children develop into deeply discouraged, cynical, critical pessimists who do not believe in or trust themselves or others. These children come to play therapy because others notice that they have very little joy in life and have difficulty forming positive relationships with other people.

Parents in *inharmonious* families spend most of their time bickering and fighting (Dewey, 1971). They use the children as weapons in their ongoing discord. These parents are frequently so caught up in their own struggles that they discipline in an inconsistent manner, depending on their mood and the status of the marital conflict. There is very little structure or reliable parental support and nurturing. Children who grow up in this type of atmosphere may develop the idea that gaining power is the most important goal in interacting with others. Because they see their parents trying to gain control over one another, they may decide that the best way to be safe and gain significance is to acquire power over others. Having witnessed verbal (and perhaps physical) abuse exchanged between their parents, children from inharmonious families usually believe that this pattern is the way relationships work. This can hamper their ability to develop and maintain friendships and other socially appropriate relationships. Their deficits in social interest and the elevated levels of tension they have experienced at home can sometimes lead them to enjoy breaking rules and putting themselves and others in dangerous situations. A relationship with a consistently warm play therapist can offer a different view of relationships to children from this type of family.

Family atmospheres are rarely pure. They frequently overlap with one another so that a child could grow up in a family that has several different atmospheres, all of which contribute to the child's perceptions and ways of belonging. There are some family atmospheres that seem to naturally fit together, like a high-standards atmosphere and a competitive atmosphere, or an authoritarian atmosphere and a suppressive atmosphere. When this happens, each child reacts creatively to the various elements of the atmosphere.

Investigating Family Atmosphere

Within the context of Adlerian play therapy, there are several different methods of gathering knowledge about the child's family atmosphere and how it affects him or her: (a) observing the child and the parent(s), (b) asking questions, and (c) using art techniques. The play therapist uses various combinations of these strategies, depending on the child, the parent(s), and the therapist's own stylistic preferences.

Observing the child and the parent(s). The play therapist can observe the child in the play session, the parent(s) in the parent consultation sessions, and the child and parent(s) together in the waiting room and in family sessions to get a general feeling

for the family atmosphere. Although this information cannot stand alone, observational data are sometimes more accurate than self-report from the client and the parent(s).

In the play session, the child usually acts out family atmosphere situations with the dolls, animal families, puppets, and kitchenware. In the play with these toys, the child expresses thoughts and feelings about how his or her parent(s) treat the children and each other, how family members interact, how family values are expressed in the family, and assorted other elements of family dynamics. The play therapist can simply note these data or ask questions, make interpretations or reflect feelings connected with what is happening in the play. When gathering information, it is frequently counterproductive to ask the child to explain how the play relates to what is happening at home. A more helpful approach is to use the metaphor to communicate with the child.

Examples of interpreting observations:

- Randy is playing with the puppets. One of the puppets keeps hitting the other puppet. The puppet being hit is making crying noises. The counselor might say, "Sounds like that puppet is really getting hurt. I bet he wishes that other puppet would stop hitting him."
- Samantha is playing with the dolls in the doll house. The mother doll hugs one of the doll children and ignores the other doll child. Samantha, moving the mother doll, says, "I love my little baby." The counselor could say, "The mother really cares about the baby. I wonder how the sister feels right now."

Because the school counselor many times will not be able to meet on a regular basis with the parents, observation of the child may be even more important in a school setting. Watching the child at play on the playground and in casual interactions in the classroom may also yield useful information about family atmosphere.

With two-parent families, the play therapist can also observe the interactions between the parents. It is helpful to get impressions of their relationship and the level of agreement and cooperation over parenting strategies in these sessions. The therapist should observe nonverbal communication to see if it is congruent with the parents' words. The therapist can gather more information by pointing out any discrepancies and asking questions about the difference between verbal presentation and nonverbal reactions.

Observing the interactions between the child and her or his parent(s) can provide the play therapist with important clues about family atmosphere. If the family waits together in a waiting room before sessions, they may interact in more natural and realistic patterns than in the play room, especially when they do not realize the therapist is watching. It can also be valuable to have a family session during the exploration stage. By watching them interact in the play session, the therapist can get clues about typical interactions, attitudes, and relationships—information that is invaluable in formulating life-style hypotheses.

Asking questions. One method of finding out about the parents' relationship, their discipline philosophies and practices, and other family atmosphere data is to ask questions about these elements of family interactions. By asking some of the life-style questions found in appendixes C and D (especially questions 1-21 in appendix C and questions 1-16 in appendix D), the play therapist can gather information about the family atmosphere. As data accumulate, other questions not on these lists may yield helpful information about the family.

It is essential to ask both the child and the parent(s) similar questions in order to get a multifaceted picture of how family members interact. This prevents just one person in the family from dominating the counselor's perception of the family situation and ensures that the counselor has a rounded view representing both the child's and the parent(s)' perspectives. With the parent(s), the counselor may start asking these questions during the first session. With the child, the counselor may want to work on establishing a relationship for several sessions before asking family atmosphere questions.

I try not to overwhelm the child or the parent(s) with a series of questions. Rather, I usually ask three or four questions about the family atmosphere per session. I do not bring the questionnaire into the session because this can be intimidating. I have several questions in mind that I might want to ask in the process of the session, but as the session progresses I try to fit the questions into the flow of the conversation in a natural fashion. Because so many adult-child interactions are filled with questions, I am careful to monitor the child's nonverbal reaction so that I can stop asking questions if the child is exhibiting a negative attitude toward the questioning.

It is also frequently helpful to use the child's play as a vehicle for asking questions indirectly. As the child is playing, the counselor can ask family atmosphere questions metaphorically.

Examples of using the child's metaphor for asking life-style questions:

- Jolene is playing with the doll family, and the doll father is yelling at the doll children to pick up their rooms. Instead of breaking the metaphor, the counselor can use it to gather information by asking, "How do those doll kids feel when the father doll yells at them?" or "What happens if the doll children still don't pick up their rooms after the doll father yells at them?"
- Sammy is playing with the horse family. The counselor asks him to tell her about each of the members of the horse family. After the counselor mentally decides which of the horses represents each member of Sammy's family, she might ask, "Which of those horse children is most different from the baby horse?" or "Which of those horse children does the mother horse like best? What does she like best about that one?"
- Letty is playing with the kitchenware and is throwing the dishes into the sand box, looking angry. The counselor could say, "Wow, looks like someone is mad and throwing dishes around." When Letty responds, "Yeah, the mom is mad again," the counselor could say, "What do the children do when the mom is that mad? They must be kind of scared."

Using art techniques. The Adlerian play therapist can also use several different art therapy strategies to investigate the child's perception of the family atmosphere. One approach is to ask the child to make a kinetic family drawing (KFD) (Burns & Kaufman, 1972; Knoff & Prout, 1985), a drawing technique in which the child draws a picture of each member of the family involved in some activity.

To do the KFD, I have several pieces of paper and a pencil, and I tell the child that I would like him or her to draw a picture of the family for me. I do not ask the child if he or she wants to do this because I am trying to avoid his or her refusal to draw the picture. I give the following instructions, which I have adapted from the original version of the KFD (Burns & Kaufman, 1970) to suit my purposes in Adlerian play therapy: "Draw me a picture of everybody in your family. The picture should show everybody in the family *doing* something." I encourage the client not to draw stick figures, but I do not prohibit this if it is the only way the child is going to draw the picture. After the child finishes the draw-

ing, I usually ask a series of questions about the figures in the drawing and the family. (See appendix E for questions designed to elicit information about the client's life-style.)

To interpret the drawing, I use a commonsense approach, looking at what the child has drawn each family member doing as representative of how the child perceives that person gaining significance in the family. I also look for interactional patterns and attitudes expressed in the drawing. Through the questions I ask about the family, I try to gather family atmosphere data. If the counselor wants to obtain more formal information on interpretation of the KFD, these books are valuable resources:

- *Actions, Styles, and Symbols in Kinetic Family Drawings*, by Robert Burns and S. Harvard Kaufman (New York: Brunner/Mazel, 1972).
- *Kinetic Family Drawing (KFD): An Introduction to Understanding Children Through Kinetic Drawings*, by Robert Burns and S. Harvard Kaufman (New York: Brunner/Mazel, 1970).
- *Kinetic Drawing System for Family and School: A Handbook*, by Howard Knoff and H. Thompson Prout (Los Angeles, CA: Western Psychological Services, 1985).

If the child refuses to draw, the play therapist makes a guess about his or her purpose in refusing and/or reflects feelings, and redirects by offering alternative art techniques designed to elicit similar information. The play therapist can ask the child to draw a symbol for each member of the family instead of drawing the person. After having the child explain what each of the symbols is and how he or she went about choosing that particular symbol for that person, the therapist can use common sense to make guesses about family dynamics.

Another method of getting family atmosphere information is to have the child draw a symbol for the entire family and ask her or him to explain what it means. With a child who will not risk drawing pictures, the play therapist can use photographs from magazines—either ones that the child cuts out of the magazine or ones that the play therapist brings in and lets the child choose. Photographs of animals work very well for this type of exercise. The therapist should not feel limited to these particular applications of creative arts techniques. Creativity is (I hope) a hallmark of Adlerian play therapy, so if the therapist knows other methods of accumulating information, he or she can certainly use them in this phase of the process.

Family Constellation/Birth Order

Family constellation consists of the personality traits of each member of the family, the emotional connections among various members, the dominance or submission of different members, the size of the family, age differences among the children, the gender of the children, sibling subsets, and the birth order (Dinkmeyer, Dinkmeyer, & Sperry, 1987). In Adlerian theory, the family constellation contributes greatly to the child's life-style (Ansbacher & Ansbacher, 1956) because the family configuration during the child's formative years influences the child's fundamental attitudes and approach to life.

Each birth-order position has certain traits that are typical of individuals who find themselves in that place in the family constellation. However, psychological position is more important than ordinal position.

> Adler was the first theorist in modern psychology to note the significance of psychological birth-order position in the development and dynamics of personality, and to note the impact of the child on the family system. In Adlerian psychology, psychological birth-order position is to be distinguished from ordinal position. Psychological birth-order position is the vantage from which the child perceives and evaluates self, others, and the world, and from which the child forms convictions about what is required of him or her, given the hereditary endowment and the environmental opportunities of the situation. (Griffith & Powers, 1984, p. 42)

There are many factors that influence psychological birth-order position (Pepper, 1979). These include the traits of the family constellation, plus factors such as having a handicapped child in the family, differential treatment based on gender, cultural background, family myths, educational experiences, physical development, and the time elapsed between the birth of children (Shulman & Mosak, 1988).

In examining the child's life-style, the play therapist must determine how these conditions influenced the child's perception of her or his psychological position. Since each position has certain typical assets and liabilities, the Adlerian play therapist gathers information about birth order and family constellation in order to enhance ways of encouraging the child by building on as-

sets. The therapist can also use this knowledge to plan remediation for the child's liabilities.

Because they frequently spend their entire childhood surrounded by people who are older and more proficient than they are, *only children* may decide to develop skills that gain approval of adults, or they may decide to cultivate character traits such as shyness or helplessness that gain sympathy. Only children usually enjoy their position as the center of attention, but may also feel anxious because they are always under scrutiny. Because they do not automatically have playmates, only children may have difficulty learning to relate to other children, preferring the company of adults. Sometimes the parent(s) of only children pamper them, leading them to believe that they do not need to earn things by their own efforts and that they can have anything just because they want it. When this is the case, if others do not grant their requests, they may feel unfairly treated and refuse to cooperate. Only children frequently have many strengths, including independence, intelligence, and creativity. They can be highly self-entertaining and self-reliant. On the negative side, because only children do not have to share their parent(s)' attention and their possessions with siblings, they may be only interested in themselves and their own interests, resulting in low social interest.

First children have precarious positions in their families (Dinkmeyer, Dinkmeyer, & Sperry, 1987; Pepper, 1979). Being the oldest may entitle these children to special privileges and strong relationships with their parent(s). However, because this place may be threatened with the birth of subsequent children, oldest children may feel dethroned. In terms of assets, first children are usually responsible, reliable, organized, achievement oriented, protective of others, nurturing, and helpful. They probably have strongly developed leadership skills and quite frequently choose to gain their significance in the family by coopting personality traits that are highly valued in the family. They may have strong social skills when interacting with adults because they have spent a lot of their time with older people.

The liabilities of typical oldest children usually involve taking these assets to the extreme. Oldest children tend to be overly responsible, excessively organized (making a sort of obsession with order), overprotective, and bossy. They may become so interested in achievement that they neglect building relationships with other people. Their social skills may be weak with their peers because they are less comfortable being an equal with individuals their own age. If oldest children feel overly threatened by younger children,

they may become extremely discouraged, believing that they must be the first, the best, the most powerful, or they are worthless.

Second children spend their entire lives striving to catch up to oldests, feeling a great deal of pressure and inferiority (Dinkmeyer, Dinkmeyer, & Sperry, 1987; Pepper, 1979). Quite frequently, especially if they are close in age, second children's personalities are exact opposites of the first children in their families. Because they never have their parent(s)' undivided attention, these children may develop the idea that they do not deserve attention. Typical second children have strong social skills because they learn early that they must get along with others. They usually put out a lot of effort because they have always felt a need to try harder since they are number two. Quite frequently, these children excel at athletics.

Unfortunately, second children tend to be easily discouraged because they are afraid that they can never measure up to the oldest child. If the first-borns have adopted positive personality traits valued by their families, second-borns may adopt negative personality traits as a contrast in order to make a place of significance for themselves. They may also be hyperactive or anxious because they always feel as though they are in a race that they cannot win.

If there is a third child in the family, the second child gets squeezed into the middle position. *Middle children* do not have the rights of the oldest or the privileges of the youngest. These children may feel neglected and unloved. Because they are in the middle of things, they frequently become adept at mediating and peacemaking. Middle children see all the different sides of every situation. In some ways, this is an asset because it gives them a sense of objectivity that can be very valuable in understanding varied points of view. However, it can also be a liability because sometimes they have difficulty making decisions, and they may become overly worried about fairness. This ability to look at experiences and relationships from many vantage points enhances middle children's ability to be innovative and creative. Not being the eldest or the youngest, middle children frequently struggle to find their places in their families. One place that they may find is that of the rebel child—the one who is different. This may be comfortable for a time, but they may also find it discouraging. If this discouragement continues, middle children may drift toward the useless side of life and become the problem children in their families.

Youngest children usually have few responsibilities and many privileges. They get attention for being babies without really hav-

ing to do anything to earn the attention. Other people in the family may wait on them, spoil them, and make decisions for them. Being the smallest and the weakest of the siblings (at least initially), youngest children may feel as though the other members of their families do not take them seriously. In order to compensate for this, there are three main routes youngest children tend to take in life. They can become speeders, working hard to catch up and surpass their older siblings in the areas in which they excel. They can get discouraged and give in to their feelings of inferiority and decide that they might as well not even try to compete. They can choose to excel in areas that are completely different from those in which their older siblings excel. No matter what route they choose, youngest children are usually charming and entertaining. They have strong senses of humor and the ability to manipulate people into giving them what they want.

On the down side, youngest children may expect to get privileges without earning them and may expect others to make decisions and take responsibility for them. They prefer not to lead, but sometimes have difficulty following if they do not see how the path can be to their advantage. Occasionally their ability to get what they want may also get them into trouble because other people can begin to resent feeling manipulated.

If the family is large, there will be several children who manifest the characteristics of each birth-order position. Whenever there is a gap of 4 or 5 years between children, a new sibling subset is formed. For example, in my family I am the oldest, and my brother Scott was born 2 years after me. Then my mother rested 4 years before my sister Tracy was born. Two years after Tracy, Brian was born, and 3 years later Tim was born. We have two distinct sibling subsets—called the Big Kids and the Little Kids. I am the typical oldest child, with all of the assets and liabilities. Scott is a relatively typical second child, though he also has some characteristics of the youngest child. Tracy is the oldest child in the Little Kids subset but the middle child within the entire family. She has some of the traits of an oldest child and some of the traits of a middle child. Brian is really another middle child; he loves peace and calm and wants everyone to be happy. Tim, being the youngest of both subsets, is a superbaby.

In families where there is no significant time span between children, the psychological components that affect the family constellation become even more important. Factors such as family values, family atmosphere, gender, and culture have a crucial impact on how the children perceive their roles in the family.

Investigating Family Constellation/Birth Order

To gather information about the family constellation and the child's psychological birth-order position, the Adlerian play therapist can use the same techniques as those used to investigate the family atmosphere. Observation, questioning strategies, and art techniques are all useful methods of exploring the family constellation and psychological birth order. In this process, the therapist is looking for information that will help her or him clearly understand the child's life-style, especially in the areas of assets and liabilities.

Many times, by observing the child in the play room and with other family members, the counselor can get a clear picture of how the child fits into the family. The counselor can see how the child interacts with siblings and parent(s) and how siblings and parent(s) treat the child. Observation of these relationships can give the counselor a great deal of insight into the family dynamics.

Asking parents questions about the various siblings and having them complete the sibling rating scale in appendix C will help the play therapist form a picture of the family constellation and the psychological position of each child. The therapist can also ask the child some of the questions from appendix D in the process of play to accertain how he or she sees each of the children fitting into the family. If the child seems reluctant to answer questions directly, the therapist can use the metaphors presented in the play to ask questions about the family and the children.

Art techniques such as the kinetic family drawing, family symbol picture, and magazine photograph collages are excellent strategies for gathering information about family constellation and birth order. The counselor can also ask the child to draw pictures or find photographs to represent various family values or to draw a timeline illustrating when each of the children in the family was born. Photograph collages, clay sculptures, or puppets can be useful tools for helping the child to explore the cultural background of the family, different views of the relative value of males and females, or the effects of having a sibling with disabilities. The counselor may want to ask the child to draw a kinetic school drawing (KSD) (Knoff & Prout, 1985) to gain an understanding of how the child's educational experiences and attitudes toward school relate to the family constellation. (See appendix E for instructions on how to administer the KSD and questions to ask for further information on school interaction.)

Early Recollections

Adler believed that early recollections—selected memories from the person's first 6 to 8 years of life—"provide a brief picture of how an individual views himself [or herself], other people, and life in general, what he [or she] strives for in life, and what he [or she] anticipates as likely to occur in life" (Gushurst, 1971, p. 33). Since people selectively remember events from their pasts, the situations and relationships they choose to recall usually have some type of significance for them. A child's early recollections can provide valuable clues about his or her life-style, mistaken beliefs, social interactions, and goals of behavior (Bordon, 1982; Nelson, 1986).

Events that happened on a regular basis, such as going to Grandma's house every summer, do not qualify as early recollections. To count as an early recollection, the memory must be an event that happened just a single time. If the client cannot remember anything that happened, I usually ask her or him to tell me about something that someone else, like a mother or father, told about when the client was little.

In Adlerian play therapy, gathering early recollections is one option for developing an understanding of a child's life-style. With children younger than 6 or 7, I sometimes have difficulty engaging them in the memory process necessary for success with this strategy. This does not mean that a therapist could not try to use this technique with younger children, but he or she will need to be especially patient and creative to interest younger children in remembering.

Soliciting Early Recollections

Before asking the child for early memories, the counselor should establish rapport, observe the child's usual behavior, and gather information about the child's family constellation (Bordon, 1982). These preliminary procedures give the counselor a basis for deciding whether to ask the child to draw, tell, or act out using puppets or dolls the early recollections. They also give the counselor a context for understanding the meaning of the recollections and how they relate to the child's life-style. The counselor gathers between five and seven early recollections. With a child, this should happen over the course of several sessions because the child may become bored and rebellious if the counselor expects him or her to spend an entire session just doing early recollections.

Depending on the modality of expression, the counselor says something like

- "Draw me a picture of something that happened when you were very little."
- "Tell me a story about something that happened when you were younger."
- "Use the dolls or puppets to show me a story about something you did when you were a little kid."

If the child uses drawing to capture the early recollection, the counselor asks him or her to tell about what is happening in the picture. No matter what form of expression the child uses, the counselor should write down everything he or she says. Detailed information helps the counselor to interpret the meaning of the early memory for the child. It is also important to ask the child to describe any feelings associated with the memory and relate the age when the event occurred.

After the child has related several early recollections, the play therapist begins to look for the central theme of each memory and the overall pattern among the memories. By considering the following questions (Dewey, 1978), the therapist can begin to formulate ideas about the child's life-style:

- What is the feeling tone of each recollection? Is there a pattern in the feeling tones of the different recollections?
- What is the focus of each memory? What stands out as being the most important or vivid part of the memory? Is there a pattern in the foci of the different memories?
- Is the client part of each memory? If so, is the client an observer or a participant? Is there a pattern of being an observer or participant throughout the various memories?
- If the client is part of the recollection, is he or she alone or with others? Is there an intermemory pattern of being alone or with others?
- If the client is part of the memory, what is her or his relationship to the other people in the memory? Is there an intermemory pattern of relationships?
- If the client is part of the memory, does he or she give to or take from others? Is there a pattern?
- Is there a major concern with people or material possessions or the situation? Is there a pattern among memories?
- Does the client appear to feel or act superior to others or inferior to others in the memory? Is there a pattern?

- Is the client in control of the situation or is someone else in control? If the client is in control, how is she or he gaining the power? If someone else is in control, who is it and how are they getting control? Patterns?
- Is the client taking care of others or are others taking care of the client? If the client is taking care of others, how is this happening? If others are taking care of the client, how is this happening? What are they taking care of for the client? Patterns?
- What emotions does the client associate with the memory? How strong are those emotions? What does the client think the emotions are about? Patterns?
- Is the client conforming or rebelling? Patterns?

Children's early recollections can be distilled versions of their life-styles. By examining these early memories and looking for patterns, the Adlerian play therapist begins to comprehend children's attitudes toward themselves, their relationships with other people, and their views about the world.

Life-Style Hypotheses

Based on the information gathered about the family atmosphere, the family constellation and psychological birth-order position, and the early recollections, a picture of the child's perceptions, basic convictions, private logic, ways of gaining significance, and goals of behavior emerges. Putting all of these data together, the Adlerian play therapist can start to formulate life-style hypotheses. The therapist can organize a conceptualization of the child's life-style by making guesses about how the child might complete the following sentence stems:

- I am...*or* I must be...
- Others are...*or* Others treat me...
- The world is...*or* Life is...
- Therefore, it makes sense that my behavior must be...*or* therefore, I must act as if...

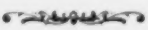
For each of these sentence stems, the therapist will probably have several possible completions, depending on the life task being considered.

In Adlerian play therapy, the therapist does not go into a session with a list of hypotheses about the child's life-style and explain them to the child. It is important that the counselor share

the conceptualization with the child, but in a gradual, subtle way. In the third phase of Adlerian play therapy, helping the child gain insight into his or her life-style, the therapist makes guesses, uses metaphors and art techniques, and offers interpretations of conversations and play to share with the child a sense of how the client sees self, others, and the world and how she or he acts as if these perceptions are true.

Case Example

The case example that starts in this section illustrates how an Adlerian play therapist can gather information about a child during the second phase of therapy and use this exploration to begin to formulate guesses about the child's life-style.



Margaret L. comes to play therapy because she is failing third grade. In the initial contact, Ms. L., Margaret's mother, expresses concern because Margaret has made repeated statements about feeling stupid and knowing the other children in her class are smarter than she is. Watching Margaret in the waiting room, David T. (her play therapist) notices that she does not make eye contact with the other children playing there. David also observes that Ms. L. fusses with Margaret's appearance, straightening her dress, combing her hair, using a handkerchief to clean her cheek.

In the parent consultations, Ms. L. tells David she is married to a long-distance trucker who is gone a great deal. She works part-time as an office manager for a medical clinic. Mr. and Ms. L. have different views about how to raise their three children. Ms. L., who has a college education, wants the children to excel in school and be well behaved in public. Mr. L., who has a high school education, does not particularly care about education but has a strong interest in all three of the children being financially successful. The parents argue about their goals for the children whenever Mr. L. stays at home for more than 3 days, but this seldom happens because of his busy schedule. Ms. L. reports that they both have high standards of conduct and achievement for the children.

Margaret is the youngest of the three children. Her older brother and sister have always lived up to the high standards set by the parents, but Margaret has struggled since she was a baby. Ms. L. reports that Margaret was "a very difficult infant," suffering from colic and respiratory infections.

In the play room, David notices that Margaret gives up easily. If she does not know how to do something, she asks him for help. When he returns the responsibility to her and tries to provide encouragement, she gives up and switches the focus of her attention to something else. Margaret looks to David for approval every time she plays with something new, as if to make sure that she has permission to play with that toy. When David points this out to her, she looks at the ground, smiles, and nods. As they get to know one another, Margaret seems to grow more comfortable in the play room. She likes to tell David stories about her week, but she avoids talking about school and only makes limited eye contact with him.

When David asks Margaret to draw a picture of her family, at first she tells him that she cannot draw. After David reflects her feelings of fear that she will not do a good enough job and uses encouragement to tell her that in the play room everything that she does is always good enough, she changes her mind and draws a picture of the family. She erases a lot in the process of doing it, but seems rather proud of the finished product. She draws herself in a corner, much smaller than the other people in the family. She reports that she is not doing anything in the drawing, that she is "just thinking." Her sister (the oldest child) is doing school work. Margaret reports that her sister is "very good in school." Her brother is playing basketball. Margaret reports that he is "very good at sports." Ms. L. is washing dishes, and Mr. L. is driving his truck. When Margaret brings the drawing to her mother in the waiting room, Ms. L. asks her why she did not put the name of her father's company on the truck. Margaret replies that she does not know how the spell the name. Ms. L. impatiently spells it for her while Margaret adds the company name to the drawing.

David asks Margaret to tell him some early recollections. These are the memories she relates to him:

- When I was little, I fell down and cut my leg. I wanted my mother to put a bandage on it, but she said that it wasn't bleeding enough to have a bandage. I could only have a small band-aid. *Age*: 3 *Feeling*: Hurt, then sad because she wouldn't let me have a bandage.
- When I was 4, I was trying to learn how to tie my shoes. I asked my brother to show me how, but he was too busy. I asked my sister to show me how, but she was too busy. I asked my mother to show me how, and she did. But she only showed me one time, and I still didn't understand how to do it. I wanted to ask my dad, but he wasn't there.

I guess he was driving his truck. *Feeling*: Sad that no one would help me. Frustrated because my mom didn't show me more than one time.

- This was a little while later. I still didn't know how to tie my shoes, but I was trying. We were late for church, and my mom took the shoelace away from me and tied my shoes. We went into church late, and everybody stared at us. My shoelaces had gotten untied in the car, and I tripped and fell while everybody was looking at us. *Feeling*: Sad that I still didn't know how to tie my shoes. Kind of relieved because my mom did it for me. Very embarrassed to have everyone staring at me. Somehow I thought it was my fault because we were late.
- In kindergarten, I came home with a school paper. I had gotten a 100% on it and was really excited about that. My mom said that it was a good job. *Feeling*: Like it was a good day. Happy.
- When I was 5, I tried to pick up a big rock that was in the yard, but I wasn't strong enough. My brother saw me doing it and came over and picked it up for me. *Feeling*: Happy because my brother helped me.
- One day in first grade, I cried because I made a letter the wrong way. The teacher told me that she was tired of telling me that I was making it the wrong way and that I just needed to learn to make it the right way. I still get confused about that letter, so I try not to write words that have that letter in them. *Feeling*: Embarrassed that she was yelling at me in front of the other kids. Dumb. Afraid that I would never learn the right way.

In formulating his hypotheses about Margaret's life-style, David distills the information he has gathered about her family atmosphere and her family constellation and the insight he has gained from her early recollections. He believes that the family atmosphere is high standards and disparaging. Although it is obvious that Ms. L. loves her children, she is rather critical if they do not measure up to her criteria of excellence. Margaret seems to be forming the perception that she does not measure up to the high standards of the family and that she may not be capable of doing so.

Margaret's psychological birth-order position and place in the family constellation seem to be reinforcing these perceptions. Margaret, as the baby of the family, appears to believe that she is less capable and less important than the other members of the

family. Although she likes having people do things for her, she may be interpreting these interactions as suggesting that she is incapable of taking care of herself. Because she is internalizing the high expectations of the family, if she cannot do something well, Margaret does not continue to try. David's initial analysis is that the goal of Margaret's behavior is attention and that she is a passive destructive attention seeker; but as he gathers more information, David is worried that she is moving toward believing that she is inadequate. If this is the case, she will most likely begin to work toward reproving what she already believes about herself and shift to the goal of proving inadequacy.

The same themes continue in Margaret's early recollections. She believes that she cannot get what she wants by asking or by taking care of herself. Either others give her what she wants or else she just does not get what she wants. In school, she seems to think that she must get a perfect paper, or she will be a failure.

David's conceptualization of Margaret's life-style includes the following statements reflecting his inferences about how Margaret sees herself, others, and the world:

- I am...helpless.
  ...not smart.
  ...not good enough unless I can do something perfectly.
  ...weak.
- I must...be perfect in school.
  ...have someone else to take care of me.
- Others are...smarter than I am.
  ...better at doing things than I am.
  ...sometimes willing to take care of me and sometimes not willing to take care of me.
  ...not trustworthy—I can't count on them to be there for me.
- The world is...a scary place.
- Life is...hard because I don't do things right.
- Therefore, I must act as if...I am helpless so that others will take care of me.
- Therefore, my behavior must be...perfect or else I will get into trouble, and bad things will happen to me.

In the continuations of this case example in chapters 10 and 11, I will discuss ways for David to help Margaret gain insight into

her life-style and to help her decide whether she wants to begin to make changes. I will also make suggestions for ways to consult with her parents to help them to better understand Margaret and begin to make shifts in the family atmosphere and the parenting strategies to support any changes Margaret decides to make.

CHAPTER 10

HELPING THE CHILD GAIN INSIGHT

During the third phase of Adlerian play therapy, the counselor's goal is to help children better understand the goals of their behavior; their basic convictions about themselves, others, and the world; and the behaviors they use to gain significance and a sense of belonging. As children gain insight into their life-styles and a sense of clarity about the purposes of their behavior, they can reexamine their perceptions, attitudes, thoughts, feelings, and actions. In this reexamination process, children may decide that they want to continue their lives just as they are, or they may decide that they want to make some changes. In conjunction with helping children to look more closely at their beliefs and their interactions with others, the counselor also works with their parent(s) to change any family dynamics or parenting strategies that might be supporting useless or destructive behavior patterns.

During this phase of therapy, the Adlerian play therapist continues to use play and verbalizations as the basis for the interaction. To help the child gain insight, the therapist makes interpretations in the form of tentative hypotheses about the goals of the child's behavior and about other components of the child's life-style. Commenting on the child's reaction to interpretations and questions, the therapist may metacommunicate (communicate about the communication patterns) with the child. The therapist can also use role playing, metaphor, and art techniques to help the child reexamine experiences and attitudes. Immediacy, con-

frontation, and humor are all effective methods of helping a child gain insight. By connecting what is happening in the play session to what happens in the rest of the child's life, the therapist can help the child generalize new ways of looking at the world.

Tentative Hypotheses

> Because each of us operates out of our own unexamined assumptions and convictions, no one of us knows the *Truth* about another, and can only guess how the self, others, and the world looks to him or her; therefore, it is Adlerian practice to offer suggestions in the form of questions or qualified statements when interpreting another's world.(Griffith & Powers, 1984, p. 51)

Interpretations in Adlerian play therapy usually take the form of tentative hypotheses: guesses that the counselor makes about the goals of the child's behavior, his or her private logic, and basic convictions about herself or himself, others, and the world. The counselor may also make interpretations about the connection between the child's basic convictions and his or her acting as if those convictions are true. This technique is sometimes called *spitting in the client's soup*. When the counselor's interpretations are accurate, "the counselee may continue this behavior but it 'won't taste so sweet' any longer! The counselee is no longer innocent of its hidden meaning" (Sweeney, 1989, p. 262).

The fact that the counselor uses qualified statements in this process invites children to participate in discovering themselves. Because the hypotheses are tentative, children can feel free to give the counselor new information, correct erroneous assumptions that the counselor has made, and protect themselves against insights that are still too painful to examine. The interactive, equal nature of this process tends to reduce children's defensiveness and encourages two-way communication and the deepening of insight for both parties.

As the child plays with the toys, interacts with the counselor in the play session, and talks about relationships and situations outside the play room, the counselor takes these opportunities to make interpretations. Due to the concrete nature of a child's reasoning, it is essential that the interpretations relate to what the child is doing and/or saying at that moment. The counselor can make connections to patterns of behavior, but these patterns must be obviously manifested in the present action or interaction. Oth-

erwise, the interpretation may not have useful meaning for the child.

Depending on the child's reactions, the child's style of play, and the particular situation, the counselor may decide to use either direct or indirect hypotheses. With a child who seems to react favorably to direct interpretations, the counselor may make guesses directly about the child's motivation and relationship patterns, and talk about what the child's play and verbalizations might mean about the child. With a child who is resistant to or defensive about direct interpretations or who always brings the play back to a metaphoric level, the counselor may choose to make interpretations indirectly, using the child's metaphor. This usually involves making tentative hypotheses about the actions and motivations of the toys—dolls, puppets, animals—or of characters in role-playing situations.

Examples of interpretation with direct tentative hypotheses:

- Andrew is kicking the punching bag and yelling, "I got you. You can't hurt me." The counselor could say, "You seem to like being able to protect yourself. It looks like that is really important to you."
- MaryAnn is painting a picture and asks the counselor what color to paint a flower. The counselor might say, "Sometimes you ask me what to do. I guess maybe you think if you do things that I want that I will like you better."
- Michael is talking about how his brother always comes into his room and takes his toys. The counselor might say, "Seems like it is hard for you when you feel like you don't have any privacy. I'm thinking that you don't like it when he doesn't do what you want him to do."

Examples of interpretation with indirect tentative hypotheses:

- Harley is playing with the dolls in the doll house and has the little boy doll telling everyone else in the family what to do and getting angry because they are not doing it the way he wants them to do. The counselor could say, "It seems like that little boy wants everybody to follow his directions and when they don't do it just right he gets kind of mad."
- Robin is playing in the kitchen area, making a cake, and "feeding" the counselor. The counselor might say, "When people take care of others, I bet sometimes they feel pretty special and loving."
- In a role play, Lillian plays the mother and goes around making sure that everyone in the family has something to

eat. The counselor could say, "Looks like that mother might get tired of always taking care of everybody else sometimes. I think that maybe she wishes that she could just take care of herself and stop worrying about taking care of everybody else."

Sometimes beginning Adlerian play therapists focus on the child's verbalizations and neglect interpreting the child's play. Both of these facets of the play therapy process are important, but the play is usually the more revealing format of communication for the child. Therefore, if the therapist is going to pay more attention to one modality, it should be the play rather than the verbalizations.

Metacommunication

Metacommunication is when the counselor makes comments to the client about what is happening in the relationship between the two of them in the session. It is metacommunication when the counselor interprets or comments on (a) patterns in the interactional patterns between himself or herself and the child, (b) nonverbal communication on the part of the child, and (c) the child's reactions to the counselor's statements and questions. In metacommunication, the counselor *meta* communicates; that is, the counselor steps outside the interaction that is occurring in the relationship between the counselor and the child and communicates *about* the communication.

Communication Patterns

When communication patterns become apparent, the counselor uses metacommunication to make comments and guesses about them to the child. The counselor usually assumes that the child uses similar communication patterns with other people in his or her life. If the child can understand which of these patterns work effectively, he or she can begin to make some changes in the way he or she interacts with others. This technique is especially important in play therapy because the child frequently is not aware of the communication patterns and needs help to see them. Even if the child is aware of her or his patterns, she or he may not be able to articulate her or his thoughts about communicating, nor can she or he usually see ways of changing them without help from someone else. The counselor can provide that help through metacommunication.

Examples of metacommunicating about communication patterns:

- If Allison talks all the time whenever she is anxious about something, the counselor might say, "You aren't sure that you can get that gun to work the way you want it to. You seem to be feeling kind of nervous. I've noticed that you seem to talk a lot when you're feeling nervous about something."
- If Jonathan is feeling jealous about a second child joining the play sessions, the counselor could say, "I'm guessing that you wish you had the play room all to yourself again. You don't seem to like sharing it with Jeremy."
- If Alexander chooses to have his mother talk to the counselor first but then spends the initial part of every session asking questions about what the counselor and his mother talked about, the counselor could say, "I've noticed that you seem to spend a lot of time trying to figure out what we talked about. I'm thinking that maybe you're afraid one of us might say something bad about you."

Nonverbal Communication

Many times the child's nonverbal communication reveals a great deal about her or his life-style. The counselor needs to metacommunicate about the nonverbal communication and make guesses about the significance of the nonverbals in order to help the child become more aware of feelings and thoughts. The counselor may choose to answer the unasked questions if nonverbals seem to convey a question.

Examples of metacommunicating about nonverbal communication:

- If Georgette looks at the counselor before shooting the gun, as if to ask for permission, the counselor might say, "You looked as if you weren't sure that it's OK to shoot the gun, and you wanted to make sure that it's OK with me. In here, you can decide that for yourself."
- If Loretta flinches whenever the counselor gets close to her, the counselor could say, "It looks like you're kind of scared that I might touch you. I won't touch you unless you tell me that it is all right."
- If Thomas looks defiant when the counselor sets a limit, the counselor might say, "You seem to be kind of angry that I said it was against the play room rules to shoot the mirror. It looks like you're thinking about doing it even if it's against the play room rules."

Reactions to Counselor Statements

In play therapy, it is very important to watch the child's recognition reflexes and other reactions to counselor statements, particularly to interpretations and questions. The counselor can metacommunicate about the child's reaction. The child does not need to respond to contents of the metacommunication, but the counselor should watch for reactions to the metacommunication.

- If Marcus smiles when the counselor makes a guess about a goal of behavior, the counselor might say, "I see that you're smiling. It seems as though you kind of liked it when I said you like to be the boss."
- If Andrea stops playing with the dolls when the counselor asks a question about what the little girl doll did so that the mother thinks she needs a spanking, the counselor could say, "You decided to do something else. Seems like maybe you didn't like the question about what the little girl did to get a spanking."
- When the counselor makes this statement, if Andrea responds, "You don't know what you're talking about. I just decided not to play with the dolls," the counselor might say, "You don't want me to think that you stopped playing with the dolls because of that question."

Role Playing

In some role-playing situations like those in chapter 5, children seem to get stuck in a particular negative fantasy or replaying a frightening actual event. They repeatedly play through a scene with a discouraging ending—session after session, without ever changing the progression or the outcome of the drama. When this happens, the child may be gaining insight or emotional release from the repetitions. If the counselor believes this is the case, it is appropriate to continue to let the child control the role play until the child decides he or she is ready to change it.

However, sometimes children are perseverating on the negative outcome because they do not know how to change the scenario. They may not have enough data to generate other possibilities or enough insight to be able to see alternative paths for resolution. After six to eight repetitions, I try to change the course of the role play by adding a different character or taking the narrative in another direction without using the whisper technique (see chapter 5) to get instructions from the child.

In other cases, children may be exhibiting posttraumatic play (Terr, 1983, 1990). In posttraumatic play, children seem to be almost retraumatizing themselves with the play—which is neither cathartic nor therapeutic. If the counselor suspects this is the case, it may be helpful to consult with colleagues about the best course of action with these children. One possible intervention strategy with these children is to suggest that the play or role play go in a different direction (Marvasti, 1993).

When I decide to change the course of the role play, I usually use the whisper voice and the character voice. I very seldom use my regular voice. This way I can keep the suggestions and redirections I want to make framed in the metaphor of the child's role play.

The following is an example of a role play with a child who needs help to get out of a stuck position. Larry had been sexually abused by a babysitter. He had acted out this same scenario, with practically no variations, for 10 sessions in a row. I believed that Larry was stuck, and even though we had discussed good touch and bad touch and how to protect himself, he continued to feel helpless and unable to respond and protect himself from a personal violation in any way.

Initially, I let Larry control the scenario without my influencing the course of the role play. It always proceeded something like this:

Larry (in a loud, deep voice): "I am the bad monster and I am going to come into your room and do bad things to you."

Counselor (whisper voice): "What do you want me to do?"

Larry: "You say, 'I'm scared and I can't keep him out of my room. He's going to hurt me, and I can't stop him.'"

Counselor (character voice): "I'm scared and I can't keep him away from me. He's going to hurt me, and I can't stop him." *(regular voice)*: "Sounds like this is a scary monster, and I can't stop him from doing what he wants to do to me." *(whisper voice)*: "What should I do now?"

Larry: "You look scared and hide under the covers." *(In his character voice)*: "You know you can't hide from me. I will find you no matter where you go. I can hurt you any time I want to, and you can't stop me."

Counselor (hiding, whisper voice): "What should I do now?"

Larry: "Say, 'No, no, no, no!!! Go away and leave me alone.'"

Counselor (character voice): "No, no, no, no!!! Go away and leave me alone!" *(regular voice)*: "Sounds like I'm really scared of this monster and wish I could make him stop

hurting me. I feel like I just can't though. I can't get him to leave me alone."

Sometimes Larry played the frightened child, and sometimes he played the monster. The basic sequence stayed the same, with the child having no power and the monster having all the power.

After the 10th repetition, I decided to try to help Larry gain insight by changing some of the representations of the child as helpless and model some appropriate boundary setting and ways of handling boundary violations. I still used the whisper technique, but when I was the child in the role play, I changed some of my comments to more empowered language, and I made some suggestions of alternative solutions to the problem.

Larry: "I am the bad monster, and I am going to come and do some mean things to you."

Counselor (regular voice): "That monster says he's going to do some mean things to me." *(whisper voice):* "What should I do?"

Larry: "You say, 'I'm really scared of that bad monster. He can do whatever he wants to me, and I can't stop him.'"

Counselor (character voice): "I'm really scared of that bad monster. He thinks he can do whatever he wants to me, and he believes that I can't stop him. I wonder what he would do if I locked the door to my room and didn't let him set foot in this room." *(whisper voice):* "What should I do now?"

Larry: "You look scared and hide under the covers." *(In his character voice):* "You can't hide from me. I can always get you. So what if you lock the door? I will just break the lock."

Counselor (character voice): "You think you can break the lock, but if you do, I can tell my mom."

Larry: "You can't tell your mom. If you do, I will just tell her that you broke the lock yourself. Then you will really be in trouble."

Counselor (whisper voice): "What shall I do now?"

Larry: "Tell the monster that my mom won't believe him. She knows I never lie."

Counselor (character voice): "Ha!! My mom won't believe you. She knows that I never lie. She will believe me, and you won't ever be able to come to my house again."

I did two basic things in my altered version of this role play. I used language to reframe the situation, and I suggested some

alternate ways of handling the situation. I changed the child's words slightly, from "He can do whatever he wants to me, and I can't stop him" to "He thinks he can do whatever he wants to me, and he believes that I can't stop him." This small change in the language took some of the monster's power away from him and gave that power to the child. By introducing the idea that the child might be able to gain some control over the interaction by locking the door and talking to his mother, I attempted to communicate to the child that there are other ways of perceiving and reacting to the situation; that there are other ways for him to gain more power in this interaction and perhaps other interactions. This was not a permanent solution to the child's difficulties, but it helped the child gain some insight and gradually ease past the stuck place represented by his perseveration on the role play.

Metaphoric Techniques

> Metaphor is a form of symbolic language that has been used for centuries as a method of teaching in many fields. The parables of the Old and New Testaments, the holy writing of the Kabbalah, the koans of Zen Buddhism, the allegories of literature, the images of poetry, and the fairy tales of storytellers—all make use of metaphor to convey an idea in an indirect yet paradoxically more meaningful way. (Mills & Crowley, 1986, p. 7)

In play therapy, the play is a metaphoric way for the child to communicate about what is going on in his or her life and an indirect way to process thoughts, feelings, attitudes, and experiences. The Adlerian play therapist can capitalize on the child's natural use of metaphors for communication and processing by employing metaphoric techniques to help the child gain insight into her or his life-style. Four such metaphoric techniques that lend themselves easily to play therapy application are (a) using the child's metaphor (Brooks, 1985), (b) designing therapeutic metaphors for the child (Brooks, 1981; Lankton & Lankton, 1989; Mills & Crowley, 1986), (c) mutual storytelling (Gardner, 1971, 1986), and (d) using bibliotherapy (Hynes & Hynes-Berry, 1986; Shrank, 1982). It is beyond the scope of this book to provide readers with a complete understanding of the use of metaphoric techniques. Those interested in this method of intervention should explore the books and articles referenced in this section and other resources available on this subject.

Using the Child's Metaphor

> Metaphors arise in therapy not simply as indirect, less threatening ways of communicating emotionally charged information...metaphors also serve as potent conveyers of information through which the patient[s] reveals [*sic*] questions, fears, hopes, struggles, and styles of coping that pertain to their lives, to their therapy, and to their therapist. (Brooks, 1985, p. 765)

Because the play, itself, is the child's metaphoric way of communicating, whatever the child does in the play represents some part of the child's world or world view.

Examples of children's metaphors in the play:

- Lori's parents are getting a divorce. She comes into the play room and ties a rope around the doll house. This might be a metaphor for how she sees her family situation and her perceived responsibility for keeping the family together.
- Alex's grandfather has died, but he is not allowed to talk about missing him at home because his parents are having a difficult time dealing with their own grief. He spends several sessions burying soldiers in the sand. This might be a metaphor expressing his sense of loss and the family's unwillingness to discuss the situation openly.
- Letticia has to have open heart surgery. Her mother has told her that the prognosis is very good, but both she and her mother are also extremely nervous about the procedure. She repeatedly operates on the counselor and tells the counselor to die and then come back to life. This might represent Letticia's behavioral rehearsal of the impending event and her fears about what will happen to her.
- Darby has lived in a series of foster homes and is about to be moved to a different foster home. He seems afraid that this placement will not work any better than the other placements. He drives a car all around the play room, stopping for brief periods of time in different places, and finally crashes the car into a wall. This metaphor might represent Darby's search for a permanent placement, the short stops he has made in the various foster homes, and his fear that his next placement will also end in a crash.

With most children, there are a multitude of such metaphors in every session of play therapy. If an issue is important to them, children usually repeat central metaphors in a series of sessions. The play therapist must watch for these symbolic representations of situations in the child's life and begin to formulate ideas about what the child's play communicates about his or her thoughts, feelings, and attitudes.

To use the child's metaphor, the counselor shares these ideas by making comments and/or guesses about the thoughts, feelings, and actions of characters in the play instead of making comments about the thoughts, feelings, and actions of the child. The counselor can use metaphors expressed in the play situation to make a variety of responses, such as reflection of feelings, encouragement, interpretation, and metacommunication. As the counselor does when using more direct forms of these strategies, he or she watches for recognition reflexes and other reactions from the child.

Examples of using the child's metaphor to communicate:

- In response to Lori's tying the house up, the counselor might use the child's metaphor to make an interpretation and reflect a feeling, saying "Looks like you want to make sure that house doesn't come apart. I bet it's scary to the people who live there to think that the house might come apart."
- In response to Alex burying the soldiers, the counselor could use the child's metaphor to reflect feelings by remarking, "Those soldiers are really covered up. Nobody can see them. I'm guessing that the people who loved those soldiers are sad that they're getting buried."
- In response to Letticia's operating, the counselor might use the whisper technique to extend the metaphor in order to explore how the counselor was supposed to respond to dying and then coming back to life. This could help Letticia use the metaphor to further explore her thoughts and feelings. It could also give Letticia a chance to express her own fears in a safe way without owning them.
- In response to Darby's car driving and crashing, the counselor could use the metaphor to ask a question, metacommunicate about nonverbals, and reflect feelings by saying, "I wonder what the people in that car are thinking about now. (Pause to see if Darby will respond. If he does not, the counselor could continue.) I bet they wish somebody would keep them safe and they wouldn't have to risk driving around anymore."

The counselor must avoid breaking the metaphor—that is, avoid addressing the problem directly or commenting on the connection between the metaphor and what is happening in the child's life before the child is ready to deal with the issue directly. Sometimes a play therapist who has a need to know what the play means breaks the metaphor. When a therapist does this, the child will often shut down or change the play.

I believe that it is essential to respect children's rights to decide whether they are more comfortable with direct or metaphoric communication. I have noticed that children let me know which of these modalities they prefer. Children who are willing to discuss issues more directly use first person pronouns and examples from real life when talking about the issues. Children who would rather keep everything on a metaphoric level express their thoughts and feelings about sensitive issues in play situations. They seldom use first person pronouns or examples from real life when talking about sensitive issues.

Designing Therapeutic Metaphors for the Child

> Metaphors in therapy constitute an indirect form of treatment. Like other forms of indirection, therapeutic metaphors do not engender the kind of resistance to considering new ideas that direct suggestions often can. They are experienced as a gentle and permissive, not a confrontive or demanding way to consider change. At one level, a metaphor is "just a story" that doesn't require any response, but at another level, it stimulates thinking, experiencing, and ideas for problem resolution. (Lankton & Lankton, 1989, pp. 1-2)

With a child who is resistant to direct interventions, the counselor may want to try designing a therapeutic metaphor (Brooks, 1981; Lankton & Lankton, 1989; Mills & Crowley, 1986). In designing a therapeutic metaphor, the counselor develops a story that has some parallel to a situation in the child's life. Without pointing out the parallels, the counselor includes characters that represent the various people in the child's life and puts them into circumstances in which they experience problems that are similar to the problems the child is encountering. The characters express feelings that might echo the feelings of the child and other people who interact with the child. After some hardships, adventures, and attempts at solution, the characters usually solve the

problem in a socially appropriate way that might give the child some ideas about how to solve his or her own problem.

This process seems to work best in play therapy if the counselor uses the toys as props in the storytelling. Younger children (up to about 8 years old) seem to relate better to stories about animal characters, whereas older children (8 or 9 and older) seem to respond more readily to stories about people.

Brooks (1981), Lankton and Lankton (1989), Mills and Crowley (1986), and Trottier and Seferlis (1990) outlined several procedures for designing therapeutic metaphors. I have taken their suggestions and combined them with my own experience and the experience of my students to develop the following steps for developing therapeutic metaphors:

1. *Describe the scene very clearly.* It should not be completely the same as the child's situation but can have several parallels. The scene can be a natural setting ("in the jungle..."), a mythical setting ("in a place where all the animals could talk..."), or a realistic setting ("in my neighborhood...").
2. Describe the characters very clearly. The characters should include (a) the protagonist (an animal or person who represents the child), (b) the antagonist (an animal, person, or situation that is creating problems for the protagonist), (c) a resource person (someone who can provide advice or help for the protagonist—this character might represent the counselor), and (d) an ally or two (an animal or person who can provide support for the protagonist). Depending on the child and her or his level of imagination and maturity, these characters can be realistic or fantastic.
3. *Describe the problem encountered by the protagonist in concrete terms.* This problem can be similar to the situation of the child, but the correlation should not be too obvious. The counselor should not point out the parallel. It must be entirely up to the child to determine if he or she wants to acknowledge the similarity.
4. *The protagonist should make progress toward overcoming the problem, but there should also be obstacles.* The story needs to include a certain level of struggle so that the child feels that the protagonist has earned the final solution, rather than simply having it happen. The resource person and the allies can help the protagonist when needed, but the protagonist should make the decisions and be responsible for the majority of the effort involved in overcoming obstacles and solving the problem.

5. *Describe the resolution of the problem in concrete and clearly defined terms.* The resolution does not have to completely eliminate the original situation, but it needs to demonstrate that the protagonist has made progress in learning to cope with the situation. The resolution should involve the protagonist learning to understand herself or himself and the situation differently; developing new attitudes toward herself or himself, others, and the world; and/or learning new skills that will help her or him cope with similar situations in the future.
6. *After the resolution, the characters should have some sort of celebration and affirmation of the changes in the protagonist.* The focus of the celebration can be a party, with the allies and resource person congratulating the protagonist and the protagonist explaining to others what he or she has learned in the process of the adventure, or with some other form of consolidation of the message of the metaphor.

An example of a custom-designed therapeutic metaphor: I designed a metaphor for Sam, a 7-year-old boy who lived with his aunt and uncle. Sam seemed afraid to take risks and to try new things because he assumed that he would fail. I used a cuddly bear puppet to represent Sam and several other animal puppets to represent myself and his aunt and uncle. I used a tornado to represent the idea of risk taking and change. This is the metaphor:

> One day a long time ago, Max, a cuddly little bear, lived in the forest with a kindly wolf and her husband. They all lived in a glade next to a tree where a very smart Robin lived. Max lived with the wolf and her husband because his mother had disappeared in the forest. Max liked to stay very close to the glade because he was afraid that if he went very far from Mr. and Mrs. Wolf that he might disappear like his mother. He was lonely because he didn't have anyone to play with, but he wasn't sure that leaving the glade was worth getting some friends.
>
> One day, when Max was sitting around feeling lonely and sorry for himself, a tornado whipped by, and Max got swept up into the tornado. Mr. and Mrs. Wolf came running out of the glade and shouted, "Max, where are you going?" Max waved at them, but he was holding on to a piece of wind and couldn't get out of the tornado.

The tornado tossed him up and tossed him down. He was feeling kind of scared and sad and lonely. He missed Mr. and Mrs. Wolf already, and he hadn't even been in the tornado very long. He looked toward the ground, and there were Mr. and Mrs. Wolf running behind the tornado. He waved at them.

As the tornado went spinning over the forest, Max saw some other little bears playing. He saw some beavers and some foxes too. They all looked like they were having a good time. Max wished that he could get out of the tornado to see what they were doing.

Just then, the very smart Robin, who was flying by the tornado, noticed Max getting tossed around. Robin shouted to Max, "Wow, that kind of looks like fun, bouncing all around like that. Are you having a good time?" Max yelled, "No, I'm not!!! I don't like this at all, and I can't get out of here." Robin shouted back, "Max, can you scootch down to the bottom of the tornado? I think you might be able to get away if you can do that." Max replied, "No, I can't do that. I don't know how to scootch." Robin shouted, "It couldn't hurt to try. Just let go of the piece of wind you're holding on to and slide!" Max was very scared of letting go of the piece of wind because he didn't know what was going to happen, but he was even more scared of not ever seeing Mr. and Mrs. Wolf again and being lonely. He also thought that now would be a good time to get out of the tornado so he could see what those little animals were playing. Max let go of the piece of wind, and he scootched right down to the bottom of the tornado and popped out onto the ground right near the place in the forest where the little animals were playing.

Up ran Mr. and Mrs. Wolf who had been following the tornado. They hugged Max and told him how much they'd missed him and loved him. All the little animals clapped and told him that popping out the bottom of a tornado was a very good trick. Max thanked Robin for his suggestion of letting go of the piece of wind and scootching. He said, "You know, that was kind of scary being in the tornado, but it was also kind of fun. Maybe I'll do that again sometime now that I know how to get out." Then he asked Mrs. Wolf if it was OK if he ran over to see what those little animals were playing. Mrs. Wolf

smiled and nodded. Max ran over to make some new friends.

Mutual Storytelling

Mutual storytelling is a metaphoric counseling technique developed by Richard Gardner (1971, 1986) that is particularly suited to Adlerian play therapy (Kottman & Stiles, 1990; Stiles & Kottman, 1990). The basic strategy in mutual storytelling is for the counselor to ask the child to tell a story. Using the same characters, setting, and dilemma as the child's story, the counselor then retells the story with a different, healthier ending.

I have adapted the basic design of Gardner's technique to fit into the process of play therapy. With younger children (up to about 7 or 8), I usually set the stage by asking the child to choose a set of puppets or animals, to pretend they can talk, and to tell a story with them. With older children (8 or 9 and older), I may set the stage by telling the child that she or he is the guest of honor on a television or radio show (Gardner, 1986). I may audiotape the child's story as if she or he is telling the story as a part of the show.

With most children, I tell them that the story cannot be something that has actually happened in real life or something from a television show, movie, video game, or book. This keeps the story in the fantasy realm, which sometimes makes it easier for the children to use their own imaginations. One problem that I have encountered using this technique is that many children appear to prefer to have their fantasies created for them by others rather than create their own fantasies.

I have had clients who reported that they could not think of anything that they had not seen in a movie or on television. When this happens, I just let the child tell me the story of the movie or television show. I do this because I have observed that even if the children do not have confidence in their own imaginations, they impose their versions of reality on the movie or television show they describe. Their choice of a particular story reveals much about their life-styles, and I use the story as a springboard for making suggestions of other ways of interpreting situations and/or resolving problems.

I also suggest to children that the story should have a plot of some kind—a beginning, a middle, and an end (Gardner, 1971, 1986). However, many times younger children have difficulty with this, so I might have to prompt them. If they are telling a story and it suddenly peters out, I may ask questions about what happens next or what the characters said in that situation.

As the child tells the story, I listen to it to determine how the story metaphorically represents what is happening in the child's life. The story may have elements that illustrate the child's intrapersonal dynamics, specific situations or problems that are bothering the child, the child's typical mode of solving problems, and/or the child's relationships with significant others. I put my understanding in the context of what I already know about the child's life-style and look for ways to use my retelling of the story to help the child gain insight into his or her life-style. In this process, I ask myself the following questions, adapted from Gardner (1986):

1. Which character represents the child?
2. Which characters represent the significant people in the child's life?
3. What is the overall affective tone of the story?
4. How does the story represent the child's views of self, others, and the world?
5. What are the patterns and themes in the interactions and relationships in the story?
6. How are these patterns and themes typical of the child's style of interacting and maintaining relationships?
7. What is the primary strategy for resolving conflicts or solving problems in the story?
8. How is the mode of problem solving related to the child's usual coping strategies?
9. What might be a more constructive, courageous tone for the story?
10. What might be more helpful patterns of interacting with others and maintaining relationships?
11. What might be a more appropriate way of resolving conflicts or solving the problems in the story?
12. How can I incorporate these constructive, helpful, and appropriate ideas in the retelling of the story?

An example of mutual storytelling:

Loraine is a 9-year-old who has a history of being a tyrant in her family and in school. Every time she does not get her way or someone asks her to do something she does not want to do, she has a temper tantrum. I ask her to tell me a story with a beginning, a middle, and an end. Loraine tells me the following story:

> There once was an elephant who lived in the jungle. The elephant liked to eat the leaves at the top of some

tall trees. One day, all the leaves in his neighborhood were gone, so he decided to go to a different area in the jungle to get some leaves. He walked and walked until he found just the right tree with the leaves that he liked to eat. The only problem was that there was a family of monkeys who lived in the tree, and they didn't want him to eat all the leaves from their tree. They told him to go away, but he wouldn't. He wrapped his trunk around the tree and shook it until the monkeys fell out. They were really mad, and they tried to get back up into the tree. The elephant kept shaking the tree, but they still tried to climb it. Finally, he made a loud noise with his trunk, and he told them if they didn't give him the tree that he would stomp on them. They gave him the tree and went away.

Listening to this story, I believe that the elephant represents Loraine and the monkeys represent the other members of her family and her classmates. The overall affective tone seems to be kind of bleak to me: the elephant gets what he wants, but there is no joy or celebration involved in the process. The story seems to illustrate Loraine's life-style, exemplified by her view that she must be powerful and in control, that others should do what she says, and that if they do not she just needs to escalate her threats and she will get what she wants. This is her usual manner of relating to others and of problem solving.

I want to devise a retelling that suggests the possibility of more positive views of self, others, and the world, and more constructive ways of solving difficulties. I want to include some negotiation skills and some element that illustrates an example of social interest. This is my retelling:

There once was an elephant who lived in the jungle. The elephant liked to eat the leaves at the top of some tall trees. One day, all the leaves in his neighborhood were gone, so he decided to go to a different area in the jungle to see if he could get some leaves because he was very hungry. He walked and walked until he was really tired and feeling a bit crabby. Finally he found a tree with the leaves that he liked to eat. The only problem was that there was a family of monkeys who lived in the tree, and they didn't want him to eat all the leaves from their tree. They told him to go away, but he didn't want

> to go away. He was hungry and crabby, and he wanted to eat those leaves. The elephant told the monkeys, "I am going to shake your tree and make you fall out if you don't let me have the leaves." The monkeys said, "Hey, wait a minute. Maybe we can work something out. We don't mind sharing some leaves with you today, but we live in this tree, and we don't want to lose all our leaves." The elephant said, "But I am tired, and I don't want to walk any farther to find more leaves for myself." The monkeys told him, "We will share some of our leaves with you today, and you can sleep here tonight. Tomorrow we will help you find some more trees with this kind of leaves. We can jump from tree to tree to help you." The elephant said, "Why would you help me to find some leaves?" The monkeys said, "You seem like a nice animal, just a little tired and grumpy today. We would like to help you and be your friends." The elephant smiled. He hadn't had very many friends so far, but he would like to try to make some. The monkeys seemed like a good start.

With the retelling of a story, the counselor can help the child gain insight into his or her life-style and examine whether he or she wants to make any changes in the box in which she or he is living. The counselor can use bibliotherapy to do the same things.

Bibliotherapy

Another metaphoric intervention sometimes used in Adlerian play therapy is bibliotherapy (Hynes & Hynes-Berry, 1986; Shrank, 1982). Bibliotherapy is a strategy in which books are a vehicle for helping the child gain insight, consider a different perspective, or learn alternative ways of interacting with others (Muro & Kottman, 1995).

In play therapy, the counselor usually brings a specific book designed to help the child gain insight or make behavioral or attitude changes into the session. Then the counselor can read the book to the child, the child can read the book to himself or herself, or the counselor and the child can read the book together. They may discuss what happened in the book and how it relates to the child and the child's life-style and situation, or they may not discuss anything about the book. With a child who prefers direct communication, it is usually appropriate to ask the child if he or she

wants to discuss any thoughts, feelings, and reactions to the book and how it relates to his or her life situation. A child who would rather communicate indirectly through metaphor may not wish to discuss how the book relates to his or her life. This should not prevent the counselor from using bibliotherapy with such a child, however, because the child may learn many things from reading and discussing what happens in the book without actually mentioning any real-life situations.

In choosing a specific bibliotherapy book for a child, it is essential to consider the following factors (Hynes & Hynes-Berry, 1986; Shrank, 1982):

1. The book must relate to the unique situation and issues of that child in some way, even if obliquely.
2. The book should be suitable for the child's developmental level and vocabulary. In deciding who should read the book, the counselor must also be aware of the child's reading ability.
3. The book must be well written, exciting, and involving. The perfect book involves all of the child's senses, evokes both emotional and cognitive responses, and engages the child's imagination.

To find appropriate books, the counselor may want to consult a children's library or obtain a copy of *The Bookfinder: When Kids Need Books* (published by American Guidance Service, Circle Pines, MN 55014-1796, at regular intervals in order to stay current) or some other annotated guide to children's literature. Guides such as these are usually organized by topic and contain plot summaries as well as reading and developmental levels.

Art Techniques

The Adlerian play therapist can expand the art techniques used in the exploration of the child's life-style (see chapter 9) to help the child gain insight into her or his life-style. Extending the kinetic drawings, making cartoons (Crowley & Mills, 1989), drawing body outlines (Steinhardt, 1985), and using symbolic representations of the child and significant people in the child's life (Oaklander, 1978) are some art techniques the therapist can use in this stage of therapy or in any of the other three stages. If the play therapist is comfortable with art interventions, he or she will want to explore other resources for creative possibilities to include in the play therapy process.

Extending Kinetic Drawings

By keeping the kinetic family drawings and kinetic school drawings and bringing them into later sessions, the play therapist can use them to help children reevaluate their perceptions of themselves, others, and the world. The therapist can also ask children to draw different pictures with the family or school theme. Children can draw pictures of the family or the class being ideal, making changes that they would like to have happen. They can draw pictures of different people in their lives and how they would like to change their relationships with them. By continuing to be open to creativity, the therapist can design drawing techniques that fit different children in their own unique situations.

Cartoons

Crowley and Mills (1989) suggested several different ways of having children draw cartoons to provide ways for them to express and cope with fears and anxieties. Older children (8 or 9 and older) seem really to like these strategies. Cartoon interventions require children to draw cartoon helpers who can help them with their problems. The counselor can use the cartoon helpers as a vehicle for making suggestions for new ways to look at self, others, and the world. The children can use the cartoon helpers as a vehicle for finding their own inner strengths and resources for coping with difficulties.

One example of this type of intervention involves three steps (Crowley & Mills, 1989). The counselor asks the child to

1. draw a fear, worry, or hurtful situation;
2. draw a cartoon helper who can help deal with the problem; and
3. draw how the fear, worry, or hurtful situation will look when it is resolved.

In this strategy, the child generates the solution to the problem. The cartoon helper serves as a metaphoric bridge from the problem to the solution.

Body Outlines

Steinhardt (1985) outlined a procedure for using body outlines in therapy with children. This strategy involves the child lying on the floor on a large sheet of paper while the counselor traces around his or her body. The counselor engages the child in dialogue about the identity of the figure. After the child has identified the figure, he or she fills in the details of the drawing.

Steinhardt suggested that the child frequently makes the outline a self-portrait. By asking questions and making guesses about the child, his or her perceptions of self, and his or her relationships with others, the counselor can use this drawing in the process of helping the child gain insight into his or her life-style. If the child chooses to make the outline a portrait of someone else, the counselor can use the identity of the drawing and the completion of the portrait to further explore the child's perceptions of others and the world.

I have found this technique to be useful with children who need to change the strength of their personal boundaries (Muro & Kottman, 1995). With children who have weak personal boundaries (quite frequently children who have over protective and suppressive families or who have experienced sexual or physical abuse), I draw the outline very faintly. I use the body outline drawings to help them become aware of times when their boundaries are inappropriately weak. With children who have impermeable boundaries (usually children who have rejective families or who been significantly hurt by others and seek to protect themselves), I draw the outline with heavily reinforced lines. I use the drawings to help these children consider the possibility of opening their boundaries to let others approach them in friendship and support.

Adopted children or children in foster care can also benefit from this intervention strategy (Muro & Kottman, 1995). I use the body outline to help these children differentiate the physical, mental, and emotional traits that come from their biological and environmental influences.

Symbolic Representations

Oaklander (1978) described several intervention strategies in which children make symbolic representations of themselves and the important people in their lives. The children draw rosebushes (which usually stand for themselves and their life situations), and the counselor engages the rosebush in a metaphoric dialogue about its life and times. Children also can draw all of the members of their families symbolically—designing a special symbol for each person in the family. The counselor can use this information to help children understand their thoughts, feelings, and reactions to the other members of their families. It is also appropriate to use this technique to help children who are struggling in school to express their impressions of their teachers and classmates.

Immediacy, Confrontation, and Humor

Immediacy, confrontation, and humor are all action-oriented techniques that the Adlerian play therapist can use to help the child better understand her or his life-style. They can lead to new ways of looking at self, others, and the world, and to changes in behavior.

Immediacy

When using immediacy as a counseling technique, the counselor comments on or asks a question about what is happening in the here and now of the relationship with the client. The immediacy may involve a reaction on the part of the counselor or a nonverbal response on the part of the client. The purpose of immediacy is to use what happens in the safe counseling relationship to help the client become more aware of his or her own reactions and of how other people respond to him or her.

With children, the counselor will probably want to use immediacy with caution. For example, the counselor must be very careful not to sound accusing when using immediacy because adults often ask children questions about what is happening with them in an accusing way, and children may assume that the counselor is doing the same thing. Therefore, the counselor's words, tone of voice, and nonverbal communication must always be nurturing and supportive when using immediacy in play therapy.

The counselor must also consider the developmental level of the child before using immediacy. Younger children (up to 7 or 8 years old) will have very little awareness of their own reactions and may not be able to recognize them even when the counselor comments on them. Older children may be not be aware of their own reactions, but they are frequently able to respond to questions or comments if the counselor uses immediacy with them.

Examples of immediacy:

- "I noticed that you looked kind of scared when I moved my chair closer to you. What was going on with you at that moment?"
- "I feel like you're kind of mad at me right now."
- "We both had a really good time playing catch with each other."
- "When you yell at me, I feel kind of scared, and I wish that you would ask for what you want without yelling."

Confrontation

Confrontation as a counseling tool involves pointing out discrepancies in the client's communication. These discrepancies can occur between (a) the client's verbalization and the client's nonverbal communication, (b) what the client is saying and what the client is doing, (c) what the client is reporting in the present session and what the client reported in past sessions, or (d) what the client is reporting and what the counselor has observed. In play therapy, the counselor may also mention discrepancies between what the child is reporting and what the parent(s) or teacher(s) report.

The purpose of confrontation is to help the child become more aware of inconsistencies in his or her thinking, feeling, and behaving. Many times, the discrepancies in the child's interactions result from private logic and basic convictions that may not make sense to others. By pointing them out, the counselor can help the child gain an understanding of the misperceptions or distortions in his or her assumptions.

With children, I use confrontation very sparingly and gently. It is not my job to catch the child in discrepancies, but when they occur I may choose to use confrontation to highlight them so that the child can begin to catch herself or herself in mistaken convictions and perceptions. I try to do this in a nonthreatening way, with a gentle, questioning tone of voice and supportive demeanor. Just as in immediacy, it is essential that I avoid sounding accusing to the child, so I try to confine my confrontations to a mention of the facts and just the facts.

Examples of confrontation in play therapy:

- "I've noticed that you say you're not scared of that spider, but when you pick it up you look like you're kind of scared."
- "You said that you weren't getting in fights with your brother anymore, but last week while I was talking to your mom you two got into a fight in the waiting room."
- "When we were talking last time, you said that you got all As on your report card. When I talked to Mr. Hayes, he said that you had one A and the rest Cs."

Humor

Adler (1927/1954) believed that the counselor should demonstrate "a jovial attitude...blessed with cheerfulness and good humor" (p. 201). When working with children, having a sense of humor and fun is extremely important. In play therapy, the counselor must enter into the playful spirit. By using humor in interpretations, immediacy, and confrontations, the counselor can help

the child see herself or himself more clearly. Encouraging the client to apply humor to problematic situations helps her or him gain perspective and consider alternative ways of thinking about and reacting to experiences and interactions.

Making Connections Between the Play Session and the Real World

By making connections between the child's thoughts, feelings, reactions, and behaviors in the play session and the child's thoughts, feelings, reactions, and behaviors outside the play session, the Adlerian play therapist can help the child generalize insights gained in the third phase of counseling. The counselor points out elements of how the child is acting as if his or her private logic and basic convictions are true in the play room and makes guesses about how this is similar to behavior in other relationships and situations.

Examples of making connections between the play session and the real world:

- When Lucia orders the counselor around during the session, the counselor might say, "It seems like you really like being the boss in here. I'm guessing that you also like to be the boss at home."
- With Hillary, whose presenting problem was anxiety and an inability to develop relationships with others, the counselor could say, "I've noticed that you and I have gotten to be friends with one another. I wonder what would happen if you decided you wanted to make friends with someone in your class in school."
- To Lorenzo, a perfectionist, when he makes a mistake painting a picture but decides not to destroy the picture, the counselor might say, "So you decided that it was a mistake to have a blue sun instead of a yellow sun like you wanted, but that you were going to leave it that way anyway. I'm guessing that it might be OK for you to make a mistake in math class too."

This connection process can also help make the transition into the fourth stage of Adlerian play therapy, reorientation and reeducation. As children begin to understand the connection between how they think, feel, and act in the play room and how they think, feel, and act in the real world, the counselor can help them examine their behavior and begin to transform insight into action.

Case Example

The case example in this section is a continuation of the case example from chapter 9. It is designed to illustrate how the counselor can use the tactics outlined in this chapter to help the child gain insight into her life-style and decide if she wants to make any changes in her perceptions of herself, others, and the world and in her behavior.

David's goal in the third phase of the Adlerian play therapy process with Margaret is to help her gain an understanding of how she sees herself, others, and the world and how she acts based on these perceptions. He wants to help her begin to catch herself when she acts as if she is helpless or incapable. He wants to encourage her to begin to see herself in a different way—without the box in which she has been living. In order to facilitate Margaret's growing insight, David uses interpretation in the form of tentative hypotheses, metacommunication, role playing, metaphoric techniques, art techniques, immediacy, confrontation, and humor. He also points out parallels between Margaret's attitude and behaviors in the play room and her attitude and behaviors in the real world. David simultaneously works with Margaret's parents, especially her mother because she spends more time with the children than the father, to help them change their attitudes toward Margaret and their parenting strategies so that they can actively support the changes Margaret is making through the play therapy.

As David learns about the family atmosphere and the family constellation and how they affect Margaret's life-style, he begins to use tentative hypotheses to make interpretations about her play and her verbalizations. He makes guesses about Margaret's mistaken beliefs that she is helpless, weak, and inferior. He also uses interpretations to challenge Margaret's perception that she must be perfect or something bad will happen to her. David encourages Margaret as a way to counterbalance some of her negative ideas about herself, others, and the world.

Examples of guesses about Margaret's mistaken beliefs and (some) encouragement designed to help her begin to rethink these self-defeating perceptions:

- When Margaret asks David to tell her what color to paint a flower, he uses a tentative hypothesis to make an interpretation about her mistaken belief that she cannot de-

cide things like that for herself by saying, "Seems like it's hard for you to decide what color to paint that." Then he provides encouragement for her by saying, "I think that whatever color you decide to paint it will be just the color it needs to be."

- When Margaret plays with the dolls, she frequently makes comments about how hard it is for the smallest doll to get things done. David responds with statements like, "It seems to me that she's kind of afraid she won't be able do that, but I bet she can. She's working really hard, and sometimes she probably feels tired of trying so hard to get things done."

Other tentative hypotheses focus on interpreting Margaret's shifting goals of behavior. At the beginning of the relationship, Margaret sometimes seems to be so discouraged that she is simply trying to prove that she is totally inadequate.

Examples of interpretations of Margaret's goal of proving that she is inadequate:

- Margaret comes into the playroom and tells David that she's flunked a test and she's not going to take any math tests ever again. Her voice as she says this has no life to it, and her body language looks totally discouraged. David could interpret this by saying, "You seem really sad about how you did on your math test, and you think you could protect yourself from feeling sad like this if you just don't take any more."
- When Margaret tries to build a tower of blocks, it just keeps on falling down. Finally she gives up and sits on the floor crying. David could say, "It looks like that was really hard for you, and you decided not to try anymore right now."

As the relationship grows, Margaret seems to grow less discouraged and shifts into trying passively to get attention, usually in the form of some kind of negative feedback that reconfirms what she already believes about herself.

Examples of interpretations of Margaret's goal of passive destructive attention:

- Quite often, Margaret sits on the floor of the playroom, staring at the floor, occasionally glancing at David to see how he is reacting to this behavior. He could make guesses like, "Kind of looks like maybe you're wondering whether I'm paying attention to what you're doing down there." As

time passes, David will want gradually to stop paying attention to Margaret in situations like this because he does not want to encourage her pursuit of negative attention. He will want to shift his attention to positive moments and her accomplishments instead.

- Margaret negatively asks for reassurance that what she is doing is acceptable by saying, "This isn't any good, is it?" David can reply, "It seems like you're wondering if what you're doing is OK, and you want me to decide that for you. I think that you can decide that for yourself."

During this phase of the play therapy, David metacommunicates with Margaret about the patterns in their relationship, Margaret's nonverbal communication, and her reactions to his statements and questions. He points out to her times when she tries to get him to take care of her and do things for her. He mentions the way she looks sad and forlorn and how she sometimes uses that to get other people to take care of her. When she looks at him to ask for permission, he comments on this behavior. During Sessions 1 through 12, every time David makes a comment that she can construe negatively, Margaret looks sad and discouraged. David metacommunicates about these reactions to his statements, making guesses about how she seems to think he is saying bad things about her even though he isn't. Starting in Session 14, she gradually reduces the number of times she reacts this way. Throughout the relationship, David watches for recognition reflexes when he makes interpretations to see if he can reflect her reactions to his guesses. At first, she is so passive that she rarely reacts in a visible manner. As time passes, she begins to react to David's interpretations more obviously. She smiles and nods, she shrugs, she frowns and shakes her head. David metacommunicates about the various reactions and makes guesses about what they mean. Sometimes she confirms his guesses, and sometimes she ignores him.

When they play and role play together, David occasionally uses the opportunity to encourage Margaret to try more activities on her own, without help from others. For example, when they play school, Margaret always has David be the teacher and do things for her. After letting Margaret control this particular role play for five or six sessions, in Session 13, David decides to be a teacher who encourages independence, so he does not use the whisper voice to ask her what the teacher says. Instead, when Margaret asks the teacher to add the figures on her math paper,

he uses his character voice to encourage her to do them herself. When he does this, Margaret's initial reaction to is tell him that he's "doing it wrong—teachers are supposed to help the students." David metacommunicates about Margaret's reaction, saying that "it is hard for her to believe that children can do things for themselves." He then makes a guess that she wishes that her teacher would always take care of her. When she smiles and nods, he metacommunicates about this recognition reflex. In Session 14, when they role play school, he again deviates from totally letting her control the play, continuing to have the teacher occasionally tell the students they can do their work themselves because they know how to do it. Margaret frowns and looks angry when he does this, so David uses his normal voice to metacommunicate about her reaction, saying "You don't like it when the teacher tells the students they can figure things out for themselves." Beginning in Session 15, Margaret starts having more positive reactions to the teacher making comments about the children being able to take care of themselves. Over the next 10 sessions, she gradually reduces the number of times that she asks the teacher to do her work for her or otherwise take care of her when she can take care of herself. She also reduces the number of times she asks David to do things for her outside of the role playing because, as she tells him in Session 20, "I can do things for myself. I'm a big girl."

Margaret spends a great deal of time during the first three to four sessions playing with the dolls in the doll house. However, she mumbles so much that David can do very little in the way of using her metaphor because he is not sure what her metaphor is because he cannot understand what she is saying. At about Session 5, Margaret begins to talk louder, and David discovers that the family who lives in the doll house has three children: the oldest is a boy, the second and third children are girls. This parallels the configuration of Margaret's family. As she plays, David discovers that the oldest child is very good in school, the second child is very good in sports, and the third child is "very good at nothing." At various intervals, the other members of the family tell the littlest doll that she "just can't do anything right."

From Session 6 on, David uses Margaret's metaphor to reflect her feelings about being considered useless. He talks about how sad and worried the littlest doll feels because everyone thinks she is incapable. In Session 8, David begins to ask questions and make guesses about the doll family and their life-styles. One of the ways he does this is to ask Margaret about the children and their assets and liabilities. He suggests that everyone in the world has some

things they do well and other things that they "are not so good at." As he uses the metaphor to probe, he discovers that the oldest two children are not perfect and the third child is not perfectly useless. Margaret concedes that the littlest member of the family knows how to tie her shoes, take out the trash, set the table, and an assortment of other things that are helpful to the well-being of the family. David uses this information and the other information he gathers through the metaphor to make guesses about how the family interacts and about how Margaret sees herself and the other members of her family. He also uses information gathered through Margaret's metaphors as the basis for encouraging statements.

Beginning in Session 10, David uses the metaphor to help Margaret let go of thinking of herself as the baby of the family. Margaret calls the littlest doll *the baby*, but David insists that she give this doll a name. Instead of calling the doll the baby, David calls the doll the name Margaret has given her. At first she resists his shift, but by Session 14, she is calling the littlest doll by name.

In Session 16, David begins to tell Margaret a therapeutic metaphor he has designed for her about a baby seal who thinks that everyone else in her family is smarter and stronger than she is. About half way into the story, however, Margaret gets up and walks to the other part of the room. David asks her if she wants to hear the rest of the story, and she says, "No. That's a stupid story." David decides that the parallels to her situation were too obvious and that she is reluctant to deal so directly with her life-style. Margaret also refuses to participate in mutual storytelling, informing David that she "doesn't know any good stories."

Because Margaret likes to draw and paint, David has many opportunities to use art techniques to help her get insight into her life-style. In Session 13, he asks her to draw a picture of her family "just the way you want it to be." She draws herself bigger than everyone else. All of the other members of the family are drawn around her in a circle, smiling at her. She does not want to talk about the picture, so David puts it in a folder for her. In Session 20, she asks him if she can see this picture. When he gets it out for her, she tells him that she wants to bring it home to show her family.

David decides not to use cartoon rescuers with Margaret because he does not want to encourage her idea that she needs someone else to take of her. Instead, in Session 17 he asks her to draw herself as a superhero, taking care of herself and of some problem. At first, she refuses to do this. At the beginning of Session 20, however, she tells David that she wishes to draw herself getting the

people in her town to recycle. She draws a picture of herself in a cape, flying over the town with a banner that says "Recycle." Below her in the drawing, people are taking items to a recycling center.

Throughout their relationship, David uses immediacy and humor with Margaret. However, because she filters his comments through her negative life-style, he is careful to make any comments that involve immediacy or humor in a cheerful friendly voice, with a smiling face. This seems to reduce the number of times that Margaret interprets his comments as criticism or sarcasm. When her nonverbals indicate that she is taking his statements negatively, he metacommunicates about this reaction and uses encouragement and confrontation to point out that his comments were meant positively rather than negatively.

By Session 25, Margaret has moved from her extremely discouraged stance and her attempts to prove that she is inadequate, and she seems to understand that she frequently asks for attention in a passive destructive manner. In the play room, she has started trying things for herself, not assuming that she is weak and helpless. She has acknowledged that she frequently believes that she is not smart enough, strong enough, or competent enough to get what she wants. David thinks that she is ready to move into the reorientation/reeducation phase of play therapy, so he starts pointing out connections between her attitudes and behavior in the play room and her attitudes and behavior with her family and in school. For example, David makes comments about how Margaret now tries to do things in the play room even if she is not sure that she can do them exactly the way she wants and how she does not give up if things are not perfect. He wonders if this would work for her at home and in her classroom.

Throughout this phase in the play therapy, David works with Mr. and Ms. L. on their perceptions of Margaret and their parenting skills. He suggests that they avoid comparing Margaret to her brother and sister. He teaches them how to encourage Margaret, especially by not doing things for her that she can do for herself and by pointing out things that she does well. He also teaches them to ignore Margaret when she tries to gain attention through passive destructive means and to pay attention to her when she makes positive comments about herself and her experiences.

Because Mr. and Ms. L. have different goals for the children, David does some problem solving with them, trying to help them reconcile the discrepancy between the messages they are sending the children. These beliefs seem to be very deep-seated, however, so he has little success with this endeavor. Both of Margaret's par-

ents say that they are willing to work on their unstated demands that the children be perfect.

In the continuation of the case example in chapter 11, I will discuss ways for David to help Margaret learn and practice new attitudes and behaviors for implementation at home and school. I will also make suggestions for ways to consult with her parents to help them support these changes and for ways to prepare Margaret and her parents for termination of the play therapy process.

CHAPTER 11

REORIENTING/REEDUCATING

The main goals of therapy during the reorientation/reeducation phase of Adlerian play therapy are for children to learn and practice new ways of (a) viewing themselves, others, and the world; (b) behaving in various situations; and (c) relating to other people. During this fourth and final phase of therapy, the play therapist shifts roles slightly, moving to a more directive, teaching function than in the earlier phases of counseling. In order to help children consolidate the alternative perspectives in their life-styles, private logic, and basic convictions that they gained during the insight phase, the play therapist continues to make interpretations and spit in the client's soup. As children decide to act differently based on these evolving apperceptions, thoughts, feelings, and reactions, the counselor may use brainstorming and problem-solving strategies to help them consider new constructive behavior and interactional patterns. Because children may lack certain skills, the play therapist uses the toys and play media to help them learn, for example, social skills, negotiation skills, and ways to share power, depending on the needs of the particular child. The therapist invites children to practice new perceptions, behaviors, and skills in play sessions and suggests that they practice them outside the play session and report back on what happened. The counselor's primary job during this phase of counseling is to encourage children and parents about the growth they have made and to help them get ready for terminating the play therapy.

Helping the Child Generate Alternative Thoughts, Feelings, and Actions

As children's perceptions of themselves and how they can gain a sense of belonging and significance change, their thoughts, feelings, and actions will also change. Because people reprove what they already believe about themselves, children will begin to make shifts in the way they act and react. However, since they have spent their lives proving what they used to believe about themselves and do not have any experience behaving as if their changed perceptions are true, they may need some help in making this shift. One of the most important things I have learned from working with people is that I must not ask clients to give up their old ways of acting and interacting with others until I have helped them acquire new ways of acting and interacting.

Children are frequently wiser than most adults realize. Many times children know what they are supposed to do, but they have chosen not to use appropriate, constructive behaviors because the acceptable behaviors did not fit into their perceptions of themselves and/or did not serve the goals of their behavior. The first step in generating alternatives with children is for the counselor to ask them what thoughts, feelings, and/or behaviors would be more appropriate in particular situations. Many times children can suggest different possibilities for acting and reacting without anyone else making suggestions for them. It is important to do this because people are more likely to follow through consistently with alternatives that they have proposed themselves than they are to follow through with options that others have proposed for them.

If a child initially says that he or she cannot think of any possibilities, the counselor may want to use brainstorming and problem-solving tactics to help generate some alternatives. In doing this, the counselor asks the child to list (without considering practicality or possibility) of all the ideas that occur to him or her. The counselor writes a list all of the ideas the child suggests, perhaps even adding an idea or two to the list. Next, they go through each of the possibilities, considering the advantages and disadvantages of each idea and whether the child could actually carry through with it in real life. They use this process to eliminate any ideas that are too far-fetched, narrowing down the possibilities to several choices. The counselor and the child then consider the remaining possibilities to determine what the outcomes and consequences of each might be. Based on this deliberation, the child

chooses one or two of the possibilities actually to try; practices using the alternative thought(s), feeling(s), or action(s) with the counselor in the play session; and makes a plan for using the alternative in a specific situation at home or school. The child can then report back to the counselor during their next session about what happened when the child tried the new thought(s), feeling(s), and/or action(s) to get encouragement and support from the counselor.

An example of using the direct approach to help the child generate alternatives:

> Kyle, a 9-year-old boy, was referred to Ms. Craig, his school counselor, because he got into trouble arguing with his teacher and beating up other children on the play ground. The counselor established a relationship with him, explored his life-style, and helped him reexamine his perceptions that he must always be in charge and that the best way to be safe was to intimidate others. Kyle was feeling safer and less angry in the play sessions and in his classroom, but he was not sure how to interact with others without being aggressive.
>
> Ms. Craig wanted to work on helping Kyle learn to feel more secure and confident in his relationships with others, appropriately express his feelings of anger and resentment, and interact with others without trying to overpower them. She chose to work with him first on his behavior related to interacting with others. She pointed out that he had shared control with her in their play sessions and made a connection between his ability to do this with her and his ability to do this with his teacher. They brainstormed a list of possible ways that Kyle could share control with his teacher without getting into power struggles with her. Although some of the ideas were not very practical, when they evaluated them they decided that several of the ideas he had generated should work in his relationship with his teacher. He picked two of these ideas to try during the next week, and they practiced how he could follow through with his teacher.
>
> Kyle tried both of the new behaviors during the week. One of them worked very well, and one of them did not work all that well for him. When he met with Ms. Craig the next week, they evaluated his progress, and she provided much encouragement for his efforts

and the changes that he had made. They made plans and practiced more behavioral changes for the next week and discussed ways that Kyle could use the effective technique in other situations, such as with his mother. As he was consolidating these behavioral changes, they also worked on making changes in his thoughts and feelings in a similar fashion.

Some children are not willing to engage in such a direct approach to generating alternatives. When this is the case, the play therapist needs to exercise creativity and use the play media, art techniques, role playing, metaphors, bibliotherapy, or other possible tools in the process. Children who are not comfortable with the direct approach are frequently willing to do the same brainstorming/problem-solving process through storytelling or other indirect means. The play therapist asks them to generate new ideas for a puppet or doll, a character in a story or book, or a person they have drawn—their symbolic representative. The process continues as the children help decide which course of action is the best for the symbolic representative and how he or she can follow through with the changes. The children can even act as coaches so that the doll or puppet (or other symbolic representative) can practice the alternative thoughts, feelings, or behaviors.

An example of the indirect approach to helping children generate alternatives:

Jeff, a second grade boy, always cried whenever he got less than 100% correct on his assignment. His school counselor, Mr. Heman, investigated his life-style and discovered that his need to be perfect was related to his psychological birth-order position and his family atmosphere. Jeff was the oldest child in a family that valued education and had very high standards. In his parent consultations, Mr. Heman worked with Jeff's parents on letting Jeff know that he was valuable and important no matter what his grades were.

When Mr. Heman made guesses about Jeff believing that he would not be significant or lovable unless he was perfect, Jeff denied this. Because Mr. Heman believed that this was a major part of Jeff's life-style, he decided to use an indirect approach to the situation. He used metaphors and art work to help Jeff gain insight into his life-style, which seemed to work well. Jeff be-

gan loosening up a bit and being more accepting of himself, but he continued to have very high standards for himself.

Mr. Heman decided to use the puppets to tell Jeff a story and engage him in brainstorming some alternative thoughts for a puppet representing Jeff. He told Jeff a story about Green Frog, a puppet who thought that he had to be the highest jumper in the pond. Green Frog told himself that if he couldn't outjump all the other frogs in the pond they wouldn't like him anymore, and he would have to go live somewhere else. One day the frogs on the pond had a jumping contest. Even though Green Frog tried his best, he didn't jump the highest. He was really embarrassed and mad at himself. He even decided that he needed to move to a different pond because now the other frogs wouldn't like him. Green Frog had started packing his suitcase to move, when along came his friend, Yellow Frog. Yellow Frog couldn't believe that Green Frog thought he had to move just because he didn't jump higher than all of the other frogs. (Mr. Heman then asked Kyle to help him think of some other things that Yellow Frog could tell Green Frog about not being the best jumper and some other ways that Green Frog could gain his significance in the pond.) After Green Frog heard all of the things that Yellow Frog and the other frogs liked about him, he decided that maybe the other frogs would like him even if he didn't jump the highest. He thought that perhaps they liked him just because he was himself, and he felt happy.

How elaborate the process of generating alternatives is depends on children's developmental level and reasoning ability. With younger (up to 8 or 9) children or children who do not have highly developed abstract reasoning ability, I tend to keep these plans very simple. I usually target only behaviors and not thoughts and feelings with this population because they are not aware of being able to control or change their thoughts or feelings. As the children change their perceptions of themselves and their behaviors and as other people react differently to them, their thoughts and feelings frequently shift without conscious effort on their parts. I also restrict the plan to changing one behavior at a time, and I enlist the help of the parent(s) in order to support any kind of behavior change.

With older children and young children who have highly developed abstract reasoning skills, I find that they like the idea of having power over their own thoughts, feelings, and behaviors. They frequently want to dive into this process and change everything all at once. Working with this population, I try to keep them to a reasonable plan that they can actually accomplish. I usually ask them to concentrate on a single area—thoughts, feelings, or behaviors—at a time, focusing on changing two or three reactions in specified situations. This keeps the plan from becoming overwhelming. Gradually I introduce the idea of integrating the alternative thoughts, feelings, and behaviors and generalizing the new methods of acting and reacting to other situations.

Teaching New Skills and Behaviors

In some cases, this brainstorming/problem-solving strategy does not work because the child has no idea of what to change or how to change it. In these situations, the play therapist needs to teach the child new skills and/or behaviors. The therapist determines, based on consultation with the child's parent(s) and teacher(s) and on observation of the child's behavior in the play room, which skills and behaviors the child needs to acquire. As with the other strategies in play therapy, the therapist can either use a direct approach or an indirect approach to teaching skills.

In my experience, the most frequently needed skills are social skills, negotiation skills, and direction-following skills. In many situations the child may also need to learn behaviors inherent in sharing power with others. The Adlerian play therapist decides what skills could be helpful for the client and determines specific teaching strategies.

When I teach social skills, I include behaviors such as making eye contact, smiling, sharing, taking turns, giving appropriate feedback, asking appropriately to get needs met, following rules, and playing cooperatively as well as other behaviors necessary for getting along with peers. I may also teach children skills for appropriately interacting with adults. They need to use polite language to express their feelings and get their needs met.

For children, negotiation skills involve making an assessment of what they really want and what they are willing to give up to get what they want. As children engage in negotiations, they will have to state clearly and concretely what they want, keeping in mind an idea of what they are willing to take based on a compromise. They have to learn to take turns stating their position and

listening to the position of the person with whom they are negotiating. Children also need to learn that the end result of negotiating is not always the result they want.

Many of the children that I have worked with in play therapy have had difficulty following directions and needed to learn how to do this. They need help breaking three- and four-step directions down into their component parts, remembering subsequent steps while executing the first step, and then executing the rest of the steps one at a time. I teach them to think about what each part of the directions is and to do things one step at a time. Although this seems simplistic, this idea is very helpful to children who struggle with multistep instructions.

Another group of children who must learn new skills are children motivated by power. These children need help learning how to share control of situations without trying to grab the power from others. I try to set up situations in which these children can learn to take turns and share. I want to teach them to let me occasionally define the rules and that they can lose without getting tremendously upset. The best way to teach them this seems to be to simply let them experience having someone else control the situation while they wait for their turn to be in charge. In my play sessions, I set up situations in which I am in charge so they can experience what it feels like to be safe in a relationship, but not be in control. After children get accustomed to sharing power with me, I may set up a situation so that they get an opportunity to experience having another child or their parent(s) in charge.

Providing Practice of New Behaviors

As children consider and learn new behaviors, they need a chance to practice these behaviors in the secure atmosphere of the play therapy relationship before they attempt these behaviors in other relationships. Usually the initial step in this process is for children to practice the alternative behaviors in the play room, indirectly, through storytelling or through play with puppets, dolls, or other toys. This involves a rehearsal of what children will say, do, think, and/or feel, and what the other people they encounter will say, do, think, and/or feel. By exploring future situations through play, children can gain a concrete idea of what the behaviors involve. They can also explore possible reactions of other people and possible obstacles in particular situations and consider how they will want to deal with any difficulties.

With some children, the play therapist will want to use a next step of role playing the situation to help them gain a sense of self-confidence and skill in their ability to deal with situations. By role playing with the therapist, a person they can trust to continue to care for and respect them, children can get feedback under minimally threatening conditions. This process allows children to experiment with different approaches to interaction in a safe relationship.

As the child's comfort level with new behaviors grows, the play therapist can invite another child into the play sessions. This allows the child an opportunity to continue to practice new behaviors and attitudes in an environment that is supportive and safe. This gives the child the chance to practice social skills, negotiating skills, and ways to share power with other children. It also helps the child learn to share the attention and affection of an adult who is very important to him or her in a setting where he or she can freely express emotions such as jealousy and pain.

When I add a second child to the play therapy process, I may bring one of my other clients, or I may ask the parent(s) to bring in one of the child's friends. I look for certain qualities in the second child. I try to balance children on, for example, the factors of (a) aggressive and submissive, (b) active and passive, (c) outgoing and withdrawn, and (d) hyperactive and depressed. I do not want two very controlling children in the same session because, faced with another controlling child, even a child who has learned to feel safer when he or she is not in control will fight for power. I also try to avoid mixing a controlling child with a pleasing child because a pleasing child just lets the controlling child have his or her way, and they never have to compromise.

When I introduce the idea to the children, I tell them that I think it might be fun to have another child join us in the play room. I may make some suggestions about activities we could do with additional people to share the fun. Usually children are excited about the idea of adding someone else to the play therapy process. They are frequently getting rather bored by the time that I do this and are close to being ready to terminate their therapy.

If the child has a violent negative reaction, it usually means that I have moved too quickly and the child is not as close to termination as I had assumed. When this happens, I reevaluate the progress of the child by talking to the child about his or her purpose in not wanting another child in the play sessions and consulting with the parent(s) about their impressions of what is happening with the child. After this reevaluation, I discuss the situa-

tion with the child, and we decide how to proceed. Most of the time, the child needs to work individually for a time, and eventually brings up the idea of having another child join us when he or she is ready for this step.

Before I introduce the second child into the play room, I talk to the child about confidentiality and about the play room rules about making sure that everyone in the play room is safe. We also talk about how often the second child will join us in the play room. Many times, we will decide to have the additional child come to every other session for about 6 to 8 weeks.

If the situation warrants it, I may also have the parent(s) and other family members come to play therapy sessions during the period of time before we terminate the play therapy. This procedure gives the child an opportunity to practice the new skills and attitudes she or he has learned. It also gives the other members of the family, especially the parent(s), a chance to try out more appropriate interactional patterns and parenting skills. The play room can be a laboratory for family members to experience new ways of relating to one another in a safe environment in which they can get supportive suggestions and encouragement for the effort they expend and the progress they make.

Termination

As children grow and change, the play therapist looks for evidence in the play sessions that they have changed their basic convictions and their life-styles. It should be obvious that their goals of behavior have moved from the negative goals of destructive attention, power, revenge, and/or proving inadequacy to more positive goals. Children's interaction with others should show evidence of increased social interest and awareness of the rights of others. Their behavior should be more constructive and appropriate.

The counselor gathers information about children's thoughts, feelings, and actions during parent consultation and conversations with teachers and school personnel. It is important to check on the presenting problem in concrete terms by asking the adults with whom children interact to use numerical estimates of occurrences of annoying behaviors. It is also helpful to ask parents and teachers to quantify their appraisal of children's general affect and happiness by using a scale of 1 to 10.

If other children and/or family members have been involved in the play therapy process, the counselor may want to let several

sessions pass before introducing the idea of termination. This gives the child a chance to consolidate the information and skills acquired during the visitations before dealing with termination issues.

I like to let the child know that I am thinking that we will stop meeting together about four sessions before our last session. I summarize the progress I have observed in the play room and the progress that parents and school personnel have reported. I solicit the child's perspective on changes she or he has experienced in thoughts, feelings, behaviors, and relationships with the important people in her or his life. After this discussion, I bring up the idea that the child has improved so much that I no longer think that she or he needs help like the help she or he has been getting in the play room. I watch closely for negative reactions to see if these are just sadness at the idea that an important supportive relationship will be changed or other emotional reactions that could indicate that I was wrong about the readiness for termination. I reflect feelings, make interpretations, and use encouragement to help the child explore thoughts and feelings. I also tell the child that this does not mean that we will no longer have a relationship. I give the child my card and let her or him know that any time she or he feels a need to come back or to talk to me she or he should feel free to do so.

During the remaining sessions, the child and I have a count down so that he or she knows how many sessions are left. During these last sessions before terminating, the child may quickly go back through many of the behaviors, attitudes, and play experiences that he or she has experienced during the entire course of the play therapy. The child is undergoing a fast-forward recapitulation of what he or she has learned and how he or she has changed through the play therapy process. It is essential to warn parents and teachers that a parallel situation may occur at home and school. Frequently behaviors and attitudes that have long since disappeared suddenly surface, which can be frightening for concerned adults. If the counselor explains in advance that this is a normal process, it is sometimes possible to prevent parents and teachers from reverting to their old patterns in response to this recapitulation.

Case Example

This case example is a continuation of the case example in chapters 9 and 10. It is designed to illustrate how the counselor can reori-

ent and reeducate the child and how the counselor can use parent consultation during the fourth phase of Adlerian play therapy.

David's goal with Margaret in the reorientation/reeducation phase of play therapy is to help her generate alternative thoughts, feelings, and actions, learn new behaviors and skills, practice these new behaviors and skills, and get ready to terminate the play therapy. David simultaneously works with Mr. and Ms. L. to help them practice the new parenting skills they have learned, with the focus on encouraging, deciding problem ownership, and clear communicating. He also explores the parents' personal issues to see if he can help them to be more accepting of themselves and the children.

Because Margaret has witnessed other children, including her siblings, demonstrate thoughts and feelings of competence, David believes that it will be relatively easy to use direct questioning and suggestion to help her learn to think and feel as if she is competent and confident. However, whenever he tries to bring up the idea that she might want to change the way she views herself—to see herself as being able to do things and not needing to be taken care of—she reacts in a negative way, violently rejecting his suggestions or changing the subject.

In response to her rejection of this direct approach, David decides to continue to use her metaphors and to work through stories, role playing, and art work to help her generate alternative attitudes and behaviors and to teach her new skills. Since she likes to play with the dolls in the doll family and to play school, he decides these are excellent avenues for reorientation work. In Session 26, David suggests that the mother in the doll family has had another baby and that the former littlest doll will get to help take care of the baby. Margaret seems excited about this idea, and she proceeds to play this new scenario out over the next several sessions. She seems to like having the doll that represents her take care of the baby, and she even has that doll begin to be more assertive and helpful in her relationships with the other members of the doll family. Although David makes comments about how Margaret could also be more assertive and helpful in her relationships with the members of her own family, Margaret ignores these comments. However, her parents report that she is demonstrating more assertive, confident behavior at home, and her teachers report similar changes in school.

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In Session 27, Margaret suggests that they play school. David agrees to play school, but he tells her that he wants to be the student and that she must be the teacher. She resists at first and tells him that she does not know how to be the teacher, but he insists that if she wants to play school she must be the teacher. She decides that she would rather not play school if she is going to have to be the teacher, and she switches back to playing with the dolls. In Session 28, however, Margaret comes into the play room and says that she has been thinking about being the teacher playing school and she knows what she wants to do. She proceeds to play a firm and encouraging teacher who tells the children that she has confidence that they know how to do their work. Margaret seems to enjoy this interaction, and they spend the entire session and the subsequent session playing school.

David also wants to use Margaret's art work to teach her to take care of herself and to increase her feelings of competence and her awareness of her ability to contribute in a constructive manner. He remembers that she seemed to like drawing herself as a superhero, so in Session 30 he asks her to make a superhero drawing of herself doing something to help someone. She draws a series of drawings in Sessions 30 and 31 of herself helping a first grader practice his letters, preparing dinner with her mother, helping her father wash his truck, and making a card for her sister's birthday. She expresses her pride in all of these accomplishments and tells David, "I really did all this stuff you know!"

In Session 31, David asks Margaret if she would like to have another child come and join them in the play room. She tells him that she wants to think about it for a while, and she will let him know what she thinks. David is impressed at this assertiveness and her willingness to give herself time to make a decision. Margaret comes into Session 32, very excited, and tells David that she has decided that she does want someone else to come to the play room and asks if she can decide who is going to come. David puts his own suggestion for a play partner, one of his other clients, on hold and asks Margaret who she wants to join them. She surprises him by telling him that she wants her sister, Tracy, to come to the play room. He tells her that he wants to think about this and asks her if he can call her at home and tell her the answer. After considering this idea and consulting with Margaret's parents, David decides to invite Tracy to join him and Margaret. He believes that Margaret will benefit from having him participate as a neutral party in her relationship with Tracy. He thinks this will provide the sisters with a safe and controlled environment in which to

practice a more equal relationship in which Tracy does not always take care of a helpless Margaret.

Tracy comes with Margaret to the play room for the next three sessions. In the first of these sessions, Tracy tries to tell Margaret what to do and how to do things. Initially Margaret responds with compliance, but after David metacommunicates to Margaret several times about how she has made those decisions for herself in the play room without Tracy telling her what to do, Margaret begins to make decisions for herself. Tracy reacts rather angrily, and David reflects her feelings. However, during the second and third sessions they begin to work out a new pattern of interaction in which they share control and nurturance with one another.

In his work with Margaret's parents during the reorientation/reeducation phase, David concentrates on helping them consolidate what they have learned about parenting. They practice making encouraging responses and using I-messages to communicate with one another, and they practice these skills as homework assignments. They discuss difficulties that they are having—primarily with the older children—getting into power struggles about household chores, especially cleaning bedrooms. David teaches them how to look at problem ownership, which seems to help them with this difficulty.

Mr. and Ms. L. sometimes still have trouble with letting Margaret do things for herself and acknowledging effort and improvement. They both seem to be struggling somewhat with their own expectations of perfect behavior and achievement, so David introduces the idea that perhaps their own life-styles are interfering with their learning in this area. He asks them some questions and makes some guesses about their perceptions of themselves, others, and the world, but neither of them show an inclination to make major alterations in their own life-styles. David suggests that they think about how their life-styles could be getting in the way of their applying the new parenting skills, and they both agree to consider how they can work to avoid this.

Mr. and Ms. L. report that Margaret has made significant changes in her attitude and behavior—both at home and at school. With the family, she seems to feel more confident and competent. She does not expect others to take care of her nearly as much as she did when she started play therapy, and she volunteers to help others and makes contributions to the family interactions without being pressured. Margaret also makes fewer negative comments about herself and her abilities. In school, her attitude and

her work have significantly improved. She passed third grade and is eagerly looking forward to beginning fourth grade.

Based on this feedback and on her increasingly self-confidence demeanor and behavior in the play room, David decides that Margaret is ready to begin the termination process. In Session 35, David has Tracy leave the session early and talks with Margaret about the progress that he has seen and the changes that her parents and teachers report. He suggests that she does not really need to continue to come to play therapy very much longer because she now knows that there are many things that she does well and she has learned that she can take care of herself. She smiles and nods, but asks him if she can keep on coming for "a little while." David suggests that she come four more times and asks her if she wants Tracy to continue to come with her. Margaret tells him that she would like Tracy to come one more time, and then she wants to come by herself for the rest of the sessions.

During the next session, Margaret and Tracy play together, sharing decisions and responsibility. In Session 37, Margaret begins the session by sitting on the floor, looking sad. When David reflects her feelings of sadness and makes a guess that she might be afraid that she will miss the play room, she nods and looks very serious. She spends the rest of the session playing with the doll family, alternately having the littlest doll be the baby and the big sister who helps with that little baby. During Sessions 38 and 39, Margaret vacillates between asking David to take care of her and telling him that she can take care of herself. At the end of Session 39, however, she takes his business card, hugs him, and says, "Goodbye. I liked coming here. I will call you if I need you, but I don't think I will. I'm not a baby anymore."

Conclusion

In this book, I have tried to give you an understanding of both the theory and the practice of Adlerian play therapy. I am hoping that you will take what you have learned and use it with children and their parents. Remember that your most important tool is who you are and what you believe about people. Remember to be encouraging—to yourself and to the people you encounter, especially the children. Remember to play and have FUN !!!

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APPENDIX A

ANNOTATED BIBLIOGRAPHY ON ADLERIAN PLAY THERAPY

Kottman, T. (in press). Adlerian play therapy. In K. O'Connor & C. Schaefer (Eds.), *Handbook of play therapy* (Vol. 2, pp. 3-26). New York: John Wiley and Sons. This chapter briefly describes the theoretical concepts and practical considerations in the application of Adlerian play therapy.

Kottman, T. (1993). The king of rock and roll. In T. Kottman & C. Schaefer (Eds.), *Play therapy in action: A casebook for practitioners* (pp. 133-167). Northvale, NJ: Jason Aronson. This chapter is a case study of an Adlerian play therapy intervention with a child whose presenting problem is out-of-control behavior.

Kottman, T., & Johnson, V. (1993). Adlerian play therapy: A tool for school counselors. *Elementary School Guidance and Counseling, 28,* 42-51. This article describes specific applications of Adlerian play therapy in a school setting, using examples from a school counselor who is using this strategy in her school.

Kottman, T. (1992). Billy, the teddy bear boy. In L. Golden & M. Norwich (Eds.), *Case studies in child counseling* (pp. 75-88). New York: Macmillan. This chapter is a case study of an Adlerian play therapy intervention with a child whose presenting problem is a phobia.

Kottman, T., & Warlick, J. (1990). Adlerian play therapy. *Journal of Humanistic Education and Development, 28,* 69-83. This article has a general overview of Adlerian play therapy.

Kottman, T., & Stiles, K. (1990). The mutual storytelling technique: An Adlerian application in child therapy. *Journal of Individual Psychology, 46,* 148-156. This article contains specific examples of ways mutual storytelling can be used to identify and realign children's goal of misbehavior.

Kottman, T., & Warlick, J. (1989). Adlerian play therapy: Practical considerations. *Journal of Individual Psychology, 45,* 433-444. This article contains a general description of the procedures of Adlerian play therapy.

APPENDIX B

SELECTED REFERENCES ON PLAY THERAPY

Cognitive-Behavioral Play Therapy

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Various Theories

O'Conner, K., & Schaefer, C. (Eds.). (in press). *Handbook of play therapy* (Vol. 2). New York: John Wiley and Sons.

Kottman, T., & Schafer, C. (Eds.). (1993). *Play therapy in action: A casebook for practitioners*. Northvale, NJ: Jason Aronson. This book contains case studies from 16 different perspectives on play therapy, including several that have not yet had entire volumes devoted to them. For example, Dynamic Play Therapy, Integrative Play Therapy, Imagery Interaction Play Therapy, and Time-Limited Play Therapy.

Landreth, G. (Ed.). (1982). *Play therapy: Dynamics of the process of counseling with children*. Springfield, IL: Charles C Thomas.

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APPENDIX C

CHILDREN'S LIFE-STYLE QUESTIONS FOR PARENTS*

Family Atmosphere and Constellation Questions

1. If _____ (the presenting problem) wasn't happening, how would things be different in your family?
2. Describe each person in your family.
3. Which of the child's brothers and sisters is most different from him or her? How is that sibling different from _____? (In a family of just two children, ask how the other sibling is different from the client.)
4. Which of the child's brothers and sisters is most like him or her? How is he or she like _____? (In a family of just two children, ask how the other sibling is like the client.)
5. Which child is mom's favorite?
6. Which child is dad's favorite?
7. Of all the kids in the family, which one is most like dad? How is he or she like dad?
8. Of all the kids in your family, which one is most like mom? How is he or she like mom?

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* The author adapted this list of questions based on work by Dinkmeyer and Dinkmeyer (1977); Eckstein, Baruth, and Mehrer (1992); Powers and Griffith (1987); Shulman and Mosak (1988); and Bobbie Wilborn, former director of the Child and Family Resource Clinic at the University of North Texas.

9. Which one of the parents is the client most like? In what ways? (This may have already been answered in question 7 or 8, but it is a slightly different question, and you may want the parent(s) to elaborate on the answers.)
10. Describe the relationship between the parents. Who makes the decisions? Who is more ambitious for the children? In what way? Do you openly disagree? About what?
11. What is your philosophy on discipline? What happens when you have different opinions on how to handle parenting situations?
12. Who has been important in the child's life? Grandparents? In what way? Other relatives? In what way? Friends or neighbors? In what way?
13. Do any family members use alcohol or other drugs? To what extent? How does this effect the rest of the family?
14. What would you like to change about your family?
15. How does the client stand out in the family? Positively? (What has he or she been successful at?) Negatively? (What does she or he get into trouble for?)
16. What does the child want to be when he or she grows up?
17. Describe a typical day.
18. What are the child's responsibilities:
    Getting up in the morning?
    Getting off to school?
    Getting to bed at night?
    Household chores?
    Taking care of pets?
    Does he or she stay alone? When?
    What is mealtime like?
19. Does the child have nightmares? Dreams? What about? How do you handle them?
20. What traumatic events have occurred during the child's life? (death, divorce, abuse, family violence, etc.) How was this handled? How did the child react?
21. What are your hopes and dreams for the child?

School Questions

1. How do things go for _____at school?
2. What does he or she like best at school?
3. What is his or her favorite subject?
4. What does he or she like least about school?
5. What is his or her least favorite subject?
6. What would he or she be rather doing than going to school?

7. What does he or she do best at school?
8. What does his or her teacher like about him or her?
9. What would he or she like to change about school?
10. What does he or she get in trouble for at school?
11. What happens when he or she gets in trouble at school? (What are the consequences, if any?)

Social Questions

1. How does _____ get along with adults?
2. Who is his or her favorite adult to be around?
3. What does _____ like about him or her?
4. What does he or she like about _____?
5. Who is his or her least favorite adult to be around?
6. What doesn't _____ like about him or her?
7. How does _____ get along with other kids his or her own age?
8. How does _____ get along with kids younger than him or her?
9. How does _____ get along with kids older than him or her?
10. Who is his or her best friend?
11. Describe the friend.
12. What does _____ like about him or her?
13. What does he or she like about _____?
14. What would you like to change about _____'s relationship with other kids?

Goal of Behavior

1. What kinds of behaviors that the child engages in are bothersome to you or other family members?
2. How do other family members feel when this behavior occurs?
3. What do family members do in response to the bothersome behaviors?
4. What does the child do when corrected or criticized?

Sibling Ratings

If you had to rate the children in the family on the following attributes, who would you rate as the highest for each attribute and who would you rate the lowest for each attribute? If the client is neither highest nor lowest, indicate by an arrow whether she or he would tend toward the higher side or the lower side.

	Highest	Lowest
Intelligent		
Hard working		
Good grades		
Follows rules		
Helps at home		
Complains/critical		
Considerate		
Selfish		
Tries to please		
Hurt feelings		
Temper		
Materialistic		
Friends		
High standards		
Athletic		
Spoiled		
Best looking		
Punished		

Dealing With Feelings

1. What is _____ most afraid of? What is it about that that scares him or her? How can you tell when he or she is afraid? How do you react when he or she is afraid?
2. What does _____ get angry about? What is there about it that angers him or her? How can you tell when he or she is angry? How do you react to this anger?
3. What does _____ feel sad about? How can you tell when he or she is sad? How do you react when he or she is acting sad?
4. What hurts _____'s feelings? What is there about this that hurts his or her feelings? How can you tell when he or she has hurt feelings? How do you react when his or her feelings are hurt?

APPENDIX D

LIFE-STYLE QUESTIONS FOR CHILDREN*

Family Atmosphere and Constellation Questions

1. If _____ (the presenting problem) wasn't happening, how would things be different in your life?
2. Describe each person in your family.
3. Which of your brothers and sisters is most different from you? How is he or she different from you? (In a family of just two children, ask how the other sibling is different from the client.)
4. Which of your brothers and sisters is most like you? How is he or she like you? (In a family of just two children, ask how the other sibling is like the client.)
5. What kind of person is your dad?
6. What kind of person is your mom?
7. Of all the kids in the family, which one is most like your dad? How is he or she like your dad?

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* The author adapted this list of questions based on work by Dinkmeyer and Dinkmeyer (1977); Eckstein, Baruth, and Mehrer (1992); Powers and Griffith (1987); Shulman and Mosak (1988); and Bobbie Wilborn, former director of the Child and Family Resource Clinic at the University of North Texas.

8. Of all the kids in your family, which one is most like your mom? How is he or she like your mom?
9. Which of the kids is your dad's favorite?
10. Which of the kids is your mom's favorite?
11. Which one of your parents are you most like? How are you like him or her? (This may have already been answered in question 7 or 8, but it is a slightly different question, and you may want the child to elaborate on her or his answers.)
12. What do you get in trouble for at home?
13. What happens when you get into trouble at home? (What are the consequences, if any?)
14. What happens when your parents disagree?
15. What do they disagree about?
16. What would you like to change about your family?

School Questions

1. How do things go for you at school?
2. What do you like best at school?
3. What is your favorite subject?
4. What do you like least about school?
5. What is your least favorite subject?
6. What would you be rather doing than going to school?
7. What do you do best at school?
8. What does your teacher like about you?
9. What would you like to change about school?
10. What do you get in trouble for at school?
11. What happens when you get in trouble at school? (What are the consequences, if any?)

Social Questions

1. How do you get along with adults?
2. Who is your favorite adult to be around?
3. What do you like about him or her?
4. What does he or she like about you?
5. Who is your least favorite adult to be around?
6. What don't you like about him or her?
7. How do you get along with other kids your age?
8. How do you get along with kids younger than you?
9. How do you get along with kids older than you?
10. Who is your best friend?
11. Describe him or her.
12. What do you like about him or her?
13. What does he or she like about you?

14. What would you like to change about your relationship with other kids?

General Questions

1. If you had three wishes, what would they be?
2. If you could be any animal, what animal would you be? What do you like about that animal? How do you think that animal is like you? What are the qualities of that animal that you admire or wish you could have?
3. If anything in your life could be different, what would you want to change?
4. If you could be any toy in the play room, what toy would you be? What do you like about that toy?
5. What is your favorite book or story? What do you like about that book or story?
6. Who is your favorite character in a book or story? What do you like about him or her or it?
7. What is your favorite movie? What do you like about that movie?
8. Who is your favorite movie character? What do you like about him or her or it?
9. What is your favorite television show? What do you like about that show?
10. Who is your favorite character on television? What do you like about him or her or it?
11. Do you remember any of the dreams you have at night? Describe them. How do you feel when you wake up? How do your parents and others react when you tell them about your dream?
12. What are you most afraid of? What is there about that that scares you? How do you act when you're afraid? How do your parents and other people react when you feel afraid?
13. What do you get the most angry about? What is there about it that angers you? How do you act when you're angry? How do your parents and other people react when you feel angry?
14. What do you get the most sad about? What is there about it that you feel sad about? How do you act when you're sad? How do your parents and other people react when you feel sad?
15. What hurts you? What is there about that that hurts? How do you act when you're hurt? How do your parents and other people react when you feel hurt?

16. What do you wish you were better at doing?
17. What are you good at?
18. What do you like about yourself?

APPENDIX E

KINETIC DRAWING*

Kinetic Family Drawings

Instructions

Give the child a pencil with an eraser and several sheets of paper. Say:

> "Draw a picture of everyone in your family for me. Everybody in the family needs to be DOING something. I would like you to draw whole people instead of stick people. Remember, everyone in the family needs to be DOING something—some kind of action."

Adlerian Questioning Strategies

When the child has finished drawing, ask the child the following questions about each of the figures:

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* This procedure and the questions are a combination of the usual kinetic school drawing procedure and Adlerian life-style questions. I have adapted the work of Knoff (1985); Dinkmeyer & Dinkmeyer (1977); Eckstein, Baruth, & Mehrer (1992); and the work of Bobbie Wilborn, former director of the Child and Family Resource Clinic, University of North Texas.

1. Who is this person?
2. What is his or her relationship to you?
3. How old is he or she?
4. Can you tell me a little bit about this person?
5. What is this person doing?
6. How does this person feel?
7. What does this person need the most?
8. How do you feel about this person?
9. How does this person get along with other people?

Choose several of the following questions to ask about individual figures:

1. What does this person wish for?
2. What is this person thinking?
3. What do you like about this person?
4. What don't you like about this person?
5. What happened to this person right before the picture?
6. What will happen to this person right after the picture?
7. What will happen to this person in the future?
8. What does this person do well?
9. What does this person get in trouble for?
10. What is this person afraid of?
11. Which of the other children are you most like? How?
12. Which of the other children is most different from you? How?
13. Which of the children do you spend the most time with? Doing what?
14. Which of the children is mom's favorite?
15. Which of the children is dad's favorite?
16. Which of the children is most like mom? How?
17. Which of the children is most like dad? How?
18. Which of your parents are you most like? How?

Choose some of the following questions to ask about the family:

1. What is the family doing?
2. What will happen to this family right after this picture?
3. What happened to this family right before this picture?
4. What will happen to this family in the future?
5. If you could change anything about this family, what would you change?

Kinetic School Drawing

Instructions

Give the child a pencil with an eraser and several sheets of paper. Say:

> "I'd like you to draw a school picture for me. Put yourself, your teacher, and a friend or two in the picture. Make everybody DOING something. Try to draw whole people and not stick people. Remember, draw yourself, your teacher, and a friend or two, and make everybody doing something at school."

Adlerian Questioning Strategies

When the child has finished drawing, ask the child the following questions about each of the figures:

1. Who is this person?
2. Can you tell me a little bit about this person?
3. What is this person doing?
4. How does this person feel?
5. How do you feel about this person?
6. How does this person get along with other people?

Choose several of the following questions to ask about individual figures:

1. What does this person wish for?
2. What is this person thinking?
3. What do you like about this person?
4. What don't you like about this person?
5. What happened to this person right before the picture?
6. What will happen to this person right after the picture?
7. What will happen to this person in the future?
8. What does this person do well?
9. What does this person get in trouble for?
10. What happens when this person gets in trouble?
11. What is this person afraid of?
12. What does this person do for fun?
13. What does this person think about school?
14. Which of these friends are you most like? How?
15. Which of these friends is most different from you? How?
16. Which of these friends do you spend the most time with? Doing what?

17. Which of these friends is the teacher's favorite? Why?
18. Which of these friends doesn't the teacher like? Why?
19. How do things go for you in school?

Choose several of the following questions to ask about school interactions:

1. What is the class doing?
2. What will happen to this class right after this picture?
3. What happened to this class right before this picture?
4. What will happen to this class in the future?
5. If you could change anything about this class, what would you change? What would you change about school?

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